



Meriden Police Department Citizen Police Academy Application



All Applicants must be 18 years of age or older prior to the start date of the Citizen Police Academy. Incomplete, non-legible or unsigned applications will not be considered. Applicants cannot have outstanding arrest warrants, felony convictions, domestic violence convictions, or weapon convictions. All applicants agree to a full criminal background check upon submission of this application.

This application is good for CPA Session: **2017-02 (09.21.2017-12.14.2017)**

APPLICATIONS ARE DUE BY: August 25, 2017 at 5:00 pm

Biographical Information

Last Name: _____	First Name: _____
Full Middle Name: _____	Maiden Name/ Alias: _____
Date of Birth: _____	Age: _____
Home Address: _____	
City / Town: _____	State / Zip Code: _____
Home Phone: _____	Cell Phone: _____
E-mail: _____	Other Phone: _____
Driver's License State: _____	Driver's License #: _____

Professional Information

Current Occupation: _____	Title / Position: _____
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Emergency Contact Information (list who you want us to contact in case of an emergency)

Name: _____	Relationship: _____
_____	_____
Address: _____	

City /
Town: _____

State/Zip
Code: _____

Home
Phone: _____

Cell
Phone: _____

Criminal History / Background

Have you ever been arrested before for anything other than a motor vehicle violation(Circle answer): YES NO

If 'Yes', please explain arrest history: _____

Additional Information:

Are you allergic to
anything: _____

Do you require any special needs to be able to participate in this program? (The Meriden Police Department is
committed to servicing all members of the
community): _____

How did you hear about the Citizen Police
Academy? _____

Are you interested in a career in Law
Enforcement? _____

Why are you interested in attending the Citizen Police
Academy? _____

Please list three (3) character references that are not family members or employers:

1.
Name: _____

Home / Cell Phone: _____

2.
Name: _____

Home / Cell Phone: _____

3.
Name: _____

Home / Cell Phone: _____

Agreement

I hereby certify that there are no willful falsifications, omissions, or misrepresentations in this application. I understand that any omission or false statement on this application shall be sufficient cause for rejection. I also grant the Meriden Police Department permission to verify all information listed in this application. I also understand that with submission of this application, I consent to a full criminal background check.

Signature

Date

Please **FAX** or **SCAN & EMAIL** or **DROP OFF IN PERSON**, your completed application to:

Meriden Police Department
Attention: Lieutenant George DelMastro
50 West Main Street
Meriden, CT 06451
Phone: 203-630-6258
Fax: 203-238-2800
Email: gdelmastro@meridenct.gov

Please note: Should the Meriden Police Department receive more applications than we can safely accommodate during this session, a lottery system will be utilized for selection and acceptance into this particular academy session. If you are not selected, you must reapply for any subsequent Citizen Police Academy sessions that may be scheduled in the future. Thank you for your understanding.

Acceptance notifications will be made by Friday, September 8th 2017

**STAFF USE
ONLY:**

**Reviewed
by:** _____

Date: _____

Approved: _____

**Rejected
(reason):** _____