Meriden Police Department
Citizen Police Academy
Application

All Applicants must be 18 years of age or older prior to the start 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.

APPLICATIONS ARE DUE BY: September 21, 2026 at 3:00 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:_____

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

Meriden Police Department
Attention: Lieutenant Hector Cardona Jr
50 West Main Street
Meriden, CT 06451
Phone: 203-630-6272
Email: hcardonajr@meridenct.gov

Submit Application

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 25, 2026

STAFF USE ONLY: **Reviewed by:**_____ **Date:** _____
Approved:_____ **Rejected (reason):**_____