



STAFFORD TWP. POLICE DEPARTMENT

"Supra Ultra Que"

CITIZENS POLICE ACADEMY APPLICATION

PLEASE PRINT LEGIBLY

NAME: _____

DOB: _____

Sex: _____

SS#: _____

Address: _____

Street

City

ST

Zip

How long? _____ E-Mail address: _____

Phone #: (____) _____ Cell #: (____) _____

Driver License #: _____ State: _____

Occupation: _____ Business name: _____ How long: _____

Civic Association Membership (if any): _____

Have you ever been convicted of a crime (excluding traffic violations)? _____

• If yes, provide details: _____

Please provide the names of two references:

Reference Name: _____ Phone #: _____

Address: _____

Reference Name: _____ Phone #: _____

Address: _____

PLEASE READ AND INITIAL BY EACH OF THE FOLLOWING:

I understand the Stafford Police Department Citizens Police Academy will meet Monday evenings from 6:00PM - 8:00PM for seven (7) weeks, beginning October 3, 2016 and concluding November 14, 2016.

I understand that I will be subject to a criminal background inquiry before being accepted into the program

I understand the Chief of Police reserves the right to exclude any applicant from consideration whose participation is deemed not to be in the best interests of the Stafford Police Department and/or the applicant.

I HAVE READ AND UNDERSTAND THE CONDITIONS ASSOCIATED WITH THIS APPLICATION AND PARTICIPATION IN THE STAFFORD POLICE DEPARTMENT'S CITIZEN POLICE ACADEMY.

SIGNATURE _____ DATE: _____