



# Bridgeport Police Department

Office of Community Service

## Citizen's Police Academy Application

Please Print

Date of Application \_\_\_\_\_

Name \_\_\_\_\_

First

Middle Initial

Last

Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone Number: \_\_\_\_\_

Soc. Sec. # \_\_\_\_\_ email address \_\_\_\_\_

Driver's License: \_\_\_\_\_ State Issued: \_\_\_\_\_

Employer: \_\_\_\_\_ Occupation: \_\_\_\_\_

Employer's Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Employer's Phone # \_\_\_\_\_

Have you been arrested for any offense other than a minor traffic violation? (yes) (no)

If Yes:

What \_\_\_\_\_

When \_\_\_\_\_ Where \_\_\_\_\_

Please briefly list or describe any civic activities/organizations you are involved in:

What experience have you had with Law Enforcement?

(circle one) Positive Negative

Briefly Explain:

Briefly explain your interest in the Citizen's Police Academy:

What do you expect to gain from attending this academy?

Will you be able to attend 12 weeks of classes? Yes No (see attached schedule)

List person to be contacted in case of emergency during your attendance at Citizen's Police Academy

Name: \_\_\_\_\_ Relationship \_\_\_\_\_

Address: \_\_\_\_\_

I HERBY CERTIFY THAT THE INFORMATION CONTAINED IN THIS APPLICATION IS TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE. YOU ARE HEREBY AUTHORIZED TO MAKE ANY INVESTIGATION OF MY PERSONAL HISTORY DEEMED NECESSARY FOR CONSIDERATION TO ATTEND THE CITIZEN'S POLICE ACADEMY:

\_\_\_\_\_ DATE: \_\_\_\_\_

Applicant's Signature

APPLICATION DEADLINE : MARCH 22, 2013

FOR MORE INFORMATION CALL : Sgt. Joe Ann Meekins @ (203) 576-8278