



Waterbury Police Department

Citizen's Police Academy

APPLICATION

Name: _____ Date of Birth: _____ Gender: _____

Address: _____ Phone: _____

City: _____ State: _____ Zip Code: _____

Email Address: _____ Cell Phone: _____

Driver's Lic. #: _____ State: _____

Employer: _____ Occupation: _____

Employer's Address: _____

City _____ State: _____ Zip Code: _____

The classes for the academy will be held for eight weeks on Monday evenings from 6:00 p.m. to 8:00 p.m.
Will you be able to attend all of the classes? YES / NO

Have you been arrested for any offense other than traffic violations? If yes, please use space below to explain.

Agreement: I hereby 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.

Applicant's Signature: _____ Date: _____

FOR PD USE ONLY:

Criminal Background Check Completed: **DATE:** _____ **BY:** _____

Enrollment: **APPROVED / DENIED** **DATE:** _____ **BY:** _____

Acceptance results sent: **EMAIL / PHONE / Mail** **DATE:** _____ **BY:** _____