

SEYMOUR POLICE DEPARTMENT

11 Franklin Street, Seymour, Connecticut 06483
203-881-7600

Michael E. Metzler
Chief of Police

"Our community, your police"

CITIZENS POLICE ACADEMY

2012



APPLICATION

Name _____
Last First Middle

Address _____ City / State _____ Zip _____

Home Phone _____ Work / Cellular Phone _____

Email Address _____

In case of emergency contact _____

Driver's License Number _____ State _____ Expiration Date _____

Is your driver's license valid? Yes No

Have you ever been arrested for anything other than a traffic offense? Yes No

If yes was answered, explain where, when and disposition: _____

Place of employment _____

Employer's Address _____

Occupation _____

I certify that all the information on this application is true and complete to the best of my knowledge. I understand that any willful omissions or falsifications will disqualify me from attending the Citizens Police Academy.

I authorize the Seymour Police Department representatives to complete the necessary background investigation needed prior to my acceptance to the Citizens Police Academy. I further hereby release all parties and individuals from all liabilities for any and all claims, demands, or causes of action whatsoever, in connection with the request for release of information to complete this background investigation.

I understand that eligible residents of the Town of Seymour shall be the first to be considered for acceptance to the Citizens Police Academy. Applications must be returned by January 10, 2011 to:

Seymour Police Department
Community Police Officer, Community Division
11 Franklin Street, Seymour, CT. 06483

Signature _____

Date _____

Date Received: _____

Office Use Only

Clear Background: Yes No

Date / /