

## CITIZEN'S POLICE ACADEMY ENROLLMENT APPLICATION

The Lower Paxton Township Police Department appreciates your interest in the Citizen's Police Academy. In order to consider you for enrollment, we request that you complete this application and return it as soon as possible.

- Applicants must be at least 18 years of age.
- Committed to attend the sessions.

### PRINT OR TYPE ALL INFORMATION

LAST NAME \_\_\_\_\_ FIRST \_\_\_\_\_ MIDDLE \_\_\_\_\_

DATE OF BIRTH \_\_\_\_\_ SSN # \_\_\_\_\_

HOME ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_

TOWNSHIP/BOROUGH \_\_\_\_\_ ZIP CODE \_\_\_\_\_

HOME PHONE NUMBER ( ) \_\_\_\_\_

PA DRIVER'S LICENSE NUMBER \_\_\_\_\_ ( Eight digits)

PLACE OF EMPLOYMENT \_\_\_\_\_

TITLE / POSITION \_\_\_\_\_

BUSINESS ADDRESS \_\_\_\_\_

BUSINESS PHONE NUMBER \_\_\_\_\_

Please answer the following questions:

**Have you ever been arrested for a criminal offense?** \_\_\_\_\_

**If so, indicate date occurred and explain** \_\_\_\_\_

\_\_\_\_\_

**Briefly explain why you wish to be enrolled in the Lower Paxton Twp. Police Citizen's Academy?** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**List two character references who are not family members:**

**NAME** \_\_\_\_\_ **HOME PHONE #** \_\_\_\_\_

**ADDRESS** \_\_\_\_\_ **WORK PHONE #** \_\_\_\_\_

\_\_\_\_\_

**NAME** \_\_\_\_\_ **HOME PHONE #** \_\_\_\_\_

**ADDRESS** \_\_\_\_\_ **WORK PHONE #** \_\_\_\_\_

\_\_\_\_\_

Please review your answers carefully and read the statement below before signing the application.

I hereby certify that there are no willful falsifications, omissions or misrepresentations in the foregoing statements and answers to the questions. I understand that any omission or false statement on this application shall be sufficient grounds for rejection for enrollment or dismissal from the Citizen's Academy.

I acknowledge all the information contained will be solely for the Citizen's Police Academy and for no other purpose.

I hereby authorize the Lower Paxton Twp. Police to make an examination of the foregoing information for the purpose of evaluating my application.

**APPLICANT'S SIGNATURE** \_\_\_\_\_ **DATE** \_\_\_\_\_

**Mail completed application to:**

Lower Paxton Twp. Police Department  
Attention: Community Policing Unit  
425 Prince Street, Suite 320  
Harrisburg, PA 17109