

BERLIN POLICE DEPARTMENT

CITIZEN'S POLICE ACADEMY

Application

Name: _____ Date: _____

Address: _____

City/ Zip: _____ Date of Birth: _____

Email Address: _____

Drivers License #: _____ State: _____

Home / Cell Phone: _____ Work Phone: _____

Place of Employment: _____

Occupation: _____

How did you hear about the Berlin Citizen's Police Academy?

Attendance Eligibility Requirements:

- 21 years of age or older
- Live within the Town of Berlin
- Work within the Town of Berlin
- Must not have a felony arrest record

I, _____, understand that from the application and signature below, the above information will be verified and a background check completed by the Berlin Police Department, for the purposes of checking my criminal history record, so that I may be selected to participate in the Citizen's Police Academy Program.

I also understand my criminal history background may disqualify me from being selected to the Citizen's Police Academy. By signing below, I give consent to the Berlin Police Department to check my criminal history record, for the purposes of being selected to the Citizen's Police Academy.

Signature

**Completed applications should be mailed or dropped off no later than
Friday, March 11, 2011 at:**

Berlin Police Department
Attention: Lt. James A. Gosselin
240 Kensington Road
Berlin, CT. 06037