

# CITIZEN POLICE ACADEMY

## APPLICATION



|   |                     |       |                     |
|---|---------------------|-------|---------------------|
| <b>PRINT NAME</b>                                     |                     |       |                     |
|   | Last                | First | Middle              |
|   |                     |       |                     |
| <b>MAILING ADDRESS</b>                                | Number and Street   |       | City or Town        |
|   |                     |       |                     |
|   | County              | State | Zip Code            |
| <b>PHONE NUMBERS<br/>WHERE YOU CAN BE<br/>REACHED</b> | Phone Number (Home) |       | Phone Number (Cell) |
|   |                     |       |                     |
| <b>EMAIL</b>  |                     |       |                     |
|   | Email Address       |       |                     |

91 UNION STREET  
MEDFORD, NEW JERSEY 08055  
MEDFORD-POLICE.ORG  
(609) 654-7511

## CITIZEN POLICE ACADEMY - APPLICATION

INSTRUCTIONS: This formal application form will be used to record information concerning applicants for the citizen police academy with the Medford Township Police Department. Read every question carefully. Answer every question - **LEAVE NO BLANK SPACES**; if the question does not apply to you, enter N/A (not applicable). The applicant will **personally** prepare this form. All entries, except signatures, must be printed legibly in block letters. Entries must be made in black ink. If space is insufficient for answering a question, add an additional page.

**ANSWER ALL QUESTIONS**

**NOTE:** It is the responsibility of the applicant to notify Medford Township Police Department in writing of any changes.

### PERSONAL DATA

**1** What is your full name?

LAST NAME

FIRST NAME

MIDDLE

**2** Give any other names you have used or been known by, attach statement & reason.

LAST NAME

FIRST NAME

MIDDLE

**3** Date of Birth:

Age:

Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Eyes: \_\_\_\_\_ Hair: \_\_\_\_\_

Marks, Scars, Tattoos:

**4** Social Security Number:

NUMBER

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## EMPLOYMENT

|  |          |                         |                      |                                  |
|--|----------|-------------------------|----------------------|----------------------------------|
| <b>6</b> List Present Employment (including self, part-time, full-time, military service, or volunteer work) |          |                         |                      |                                  |
| NAME/COMPANY   |          | FULL ADDRESS & ZIP CODE |                      |                                  |
| DATE HIRED   | POSITION | DUTIES                  | IMMEDIATE SUPERVISOR | WORK PHONE NO<br>( ) ___ - _____ |
| NAME/COMPANY   |          | FULL ADDRESS & ZIP CODE |                      |                                  |
| DATE HIRED   | POSITION | DUTIES                  | IMMEDIATE SUPERVISOR | WORK PHONE NO<br>( ) ___ - _____ |

|          |  |
|----------|--|
| <b>7</b> | <p>Have you ever been fired or asked to resign from any job in the past five years?    Yes <input type="checkbox"/>    No <input type="checkbox"/></p> <p>If yes, explain below.</p> <hr/> <hr/> <hr/> |
|----------|--|

## GENERAL

|          |   |
|----------|---|
| <b>8</b> | <p>Please explain briefly why you wish to be enrolled in the Medford Township Police Department Citizen Police Academy.</p> <hr/> <hr/> <hr/> <hr/> |
|----------|---|

|          |  |
|----------|--|
| <b>9</b> | <p>Please list any associations, clubs or organizations you may belong to or be affiliated with.</p> <hr/> <hr/> <hr/> <hr/> |
|----------|--|



## CITIZEN POLICE ACADEMY - APPLICATION

**THIS PAGE MUST BE COMPLETED FOR ALL THAT ARE APPLYING FOR THE CITIZEN POLICE ACADEMY AND THE REFERENCE MUST NOT BE A SWORN MEMBER OF THIS DEPARTMENT, OR PERSONS WHO ARE ALREADY LISTED IN ANY OTHER SECTION OF THIS APPLICATION.**

**THE CITIZEN POLICE ACADEMY APPLICANT MUST OBTAIN TWO REPUTABLE CITIZENS (NO RELATIVES) WHO WILL VOUCH FOR THE HONESTY, REPUTATION AND ABILITY OF THIS APPLICANT.**

### PERSONAL REFERENCE #1

*I, the undersigned, declare that I am over eighteen years of age, that I have personally known the applicant for at least one year, that I have read the whole foregoing application and believe all the statements therein to be true. I am not related in any way to the applicant.*

*I will, upon request, give further facts concerning the applicant as I may possess.*

ALL INFORMATION WILL BE TREATED AS CONFIDENTIAL

(PLEASE PRINT)

|                       |       |  |       |
|-----------------------|-------|--|-------|
| Name                  | _____ | Business Address                               | _____ |
| Address               | _____ | Business Phone No.                             | _____ |
| City, State, Zip Code | _____ | Occupation                                     | _____ |
| Home Phone No.        | _____ | How long have you personally known applicant?  | _____ |
| Date of Birth         | _____ | Is applicant of good character and reputation? | _____ |

REFERENCE SIGNATURE \_\_\_\_\_

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

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### PERSONAL REFERENCE #2

*I, the undersigned, declare that I am over eighteen years of age, that I have personally known the applicant for at least one year, that I have read the whole foregoing application and believe all the statements therein to be true. I am not related in any way to the applicant.*

*I will, upon request, give further facts concerning the applicant as I may possess.*

ALL INFORMATION WILL BE TREATED AS CONFIDENTIAL

(PLEASE PRINT)

|                       |       |  |       |
|-----------------------|-------|--|-------|
| Name                  | _____ | Business Address                               | _____ |
| Address               | _____ | Business Phone No.                             | _____ |
| City, State, Zip Code | _____ | Occupation                                     | _____ |
| Home Phone No.        | _____ | How long have you personally known applicant?  | _____ |
| Date of Birth         | _____ | Is applicant of good character and reputation? | _____ |

REFERENCE SIGNATURE \_\_\_\_\_

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



# MEDFORD TWP. POLICE DEPARTMENT

## Citizen Police Academy Waiver

### *Personal Waiver Authority for Release of Information for Applicant Investigation*

I understand that by participating in the Medford Township Citizen Police Academy, I may have access to facilities, areas and equipment not generally available to the public. Therefore, I am providing the enclosed information and I am authorizing the Medford Township Police Department to verify that I am not the subject of an on-going criminal investigation, am not involved in any civil litigation with the Township of Medford, and I do not have any felony convictions or have any disorderly person offenses. I realize that a background and criminal history check will be conducted on me.

\_\_\_\_\_  
*Initials*

I am aware that I will be issued an identification badge for the purpose of entering the Department during the academy. I understand that this identification badge cannot be used for any other purpose.

\_\_\_\_\_  
*Initials*

I further understand that if I am chosen to participate in the Citizen Police Academy that such participation is voluntary and will be at my own risk. I agree to assume full responsibility for my own safety and well-being at all times and under all circumstances while I am participating in the Citizen Police Academy or in any activities organized by the Medford Twp. Police Department, its officers or employees from any and all liability to myself, the undersigned, my heirs, dependents and assigns for any and all claims, demands, losses or damages that may arise from any injury, including permanent disability and death, or damage to property that results from or is alleged to have resulted from the undersigned's participation in the Citizen Police Academy or from the actions of the Medford Twp. Police Department, its officers or employees or from the actions of any officer or employee of the Township of Medford.

\_\_\_\_\_  
*Initials*

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

\_\_\_\_\_  
*Initials*

\_\_\_\_\_  
FULL NAME (PRINT)

\_\_\_\_\_  
DATE

\_\_\_\_\_  
FULL NAME (SIGNATURE)

*Notary*

**MTPD – Citizen Police Academy STAFF ONLY**

Application Received by:

Received Date:

Investigator Assigned:

Investigators Recommendation:

Yes [ ] No [ ]

*Explanation*

Command Approval:

Yes [ ] No [ ]

Accepted into Class:

Yes [ ] No [ ]

**NOTIFICATION TO APPLICANT**

By:

Date:

Time:

Applicant Accepted [ ]

Applicant DOES NOT wish to participate [ ]

Acceptance Letter Mailed:

Yes [ ]

No [ ]

Date of Letter:

Reason for Denial or withdrawal: