BRISTOL POLICE DEPARTMENT

CITIZEN ACADEMY APPLICATION FOR ENROLLMENT



PERSONAL

Name:						
Address:						
Home Phone:		Busines	ss Phone	»:		
Social Security #:						
Date of Birth:	Driver's License #:					
Present Occupation:						
Place of Employment:						
Are you a resident of Bristol?	Yes_		_	No		
Do you own a business in Bristol?	Yes _		_	No		
Name of Business:						
EDUCATION						
High School Graduate? Yes		_No		GED?	Yes	No
Highest Grade Completed: 7	8	9	10	11	12	
Name and Address of High School:						

College Graduate?	Yes	No			
Degree and Major: _					
Name and Address of	of College Atte	ended:			
BACKGROUND					
Have you ever been related, Theft, Drug		•	rious Misdeme	eanor (i.e. As	ssault, Domestic
	Yes	No			
If yes, give date, arre	esting agency	and explanation	on of each offe	ense:	
Briefly explain why	you wish to pa	articipate in th	ne Bristol Poli	ce Departme	nt's Citizen Academ
,					
,					
REFERENCES					
Person to be contacted	ed in case of e	mergency:			
Home Phone:		Ruci	ness Phone		

Provide two references (include telephone numbers):					
Name	Telephone Number	Relationship			
1					
2					
Please read t	he statement below before signin	g this application.			
falsifications in the that any omission or	fy there are no willful misrepresent foregoing statements and answers to false statements on this application enrollment or dismissal from the E Citizen Police Academy".	to questions. I understand n shall be sufficient cause			
background investi	and that the Bristol Police Department igation that may include, but not be to the personal and personal	e limited to, any criminal			
Signature of Program Ap	plicant	Date			