

OM 7-6
8/22/2005

PENNSYLVANIA STATE POLICE
CITIZENS' POLICE ACADEMY
APPLICATION

NAME: _____

ADDRESS: _____

CITY: _____

STATE: _____ ZIP CODE: _____ COUNTY: _____

TELEPHONE NUMBER: _____ E-mail: _____

DATE OF BIRTH: _____

OCCUPATION: _____

EMPLOYER: _____

Have you ever been arrested? YES: _____ NO: _____

If YES, for what? _____

If selected, will you be available to attend class each Wednesday evening for ten weeks, beginning on October 7, 2015 and ending on December 9, 2015?

YES: _____ NO: _____

Why are you interested in attending the Citizens' Police Academy?
