

**SOUTH BRUNSWICK POLICE DEPARTMENT****CITIZENS' POLICE ACADEMY**

Raymond J. Hayducka, Chief of Police

Applicant Information:

Full Name:		Sex:
Date of Birth:		Place of Birth:
Current Address:		
City:	State:	ZIP Code:
Home Phone:	Cell:	Email:

Employment Information:

Current Employer:		
Employer Address:		
City:	State:	ZIP Code:

Emergency Contact:

Name:		Phone:
Address:		
City:	State:	ZIP Code:

Criminal History:

Have you ever been convicted of a crime? Yes _____ No _____
If yes, please list specifics: (Date, Location, Charge, Result)

Driver License #:	License Plate #:
State Issued:	State Issued:

How did you hear about the academy?

Referral by:		
Newspaper	Website:	Other:

Activities:

Have you been involved with any other SBPD activities? If yes, list:
Briefly list any civic activities or organizations you are involved in:
Why do you want to attend the Citizens' Police Academy? (You may use the back of this form for additional space).

Signature:

I certify that the information in this application is true and complete to the best of my knowledge. I also give permission for the South Brunswick Police Department to verify the above information contained on this application and check for prior criminal history.

Signature of applicant: _____

Date: _____

Contact Person: Sgt. Tara Jaidullo
Support Services Division
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