

ANTRIM POLICE DEPARTMENT

CITIZENS POLICE ACADEMY

APPLICATION FOR ENROLLMENT

APPLICATIONS WILL NOT BE CONSIDERED.

PLEASE TYPE OR PRINT.

APPLICANT MUST BE 21 YEARS OF AGE TO APPLY. INCOMPLETE AND/OR UNSIGNED

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PLEASE TYPE OR PRINT.

Name: _____
Last First Middle

Address: _____

Home Phone: _____ Business Phone: _____

Social Security # _____ Date of Birth _____

Drivers License Number _____ State _____

Are you a resident of Antrim? _____ How Long _____

Do you work in Antrim? _____ How Long _____

If so, give name, address, and type of business.

Name Address Type of Business

BACKGROUND

Are you presently, or have you been a member of the armed forces of the United States? _____

Branch of Service _____

Date of Discharge _____ Type of Discharge _____

List all fraternal organizations, clubs, and associations of which you are, or ever have been a member:

IF THE ANSWER TO ANY OF THE FOLLOWING QUESTIONS IS YES, PLEASE EXPLAIN THE CIRCUMSTANCE OF EACH INSTANCE, IN DETAIL, ON A SEPARATE SHEET OF PAPER. LIST THE DATE, PLACE, CHARGE, ACTION TAKEN, AND FINANCIAL DISPOSITION AS IT MAY APPLY.

1. Have you ever been, arrested, or convicted of an offense in the past ten years? _____
2. Have you ever been arrested for or convicted of a felony? _____
3. Have you ever been arrested for or convicted of a D.W.I.? _____
4. Have you ever been fired or asked to resign from any job in the past five years? _____
5. Are you now, or have you ever been a member of any group which advocates armed or violent resistance or rebellion against the government of the United States of America, or of this state? _____

EMPLOYMENT:

List information on all employment you have held in the preceding two years. If retired, homemaker, unemployed, etc., please list your last place of employment.

Present Employer _____ Date Hired _____

Address _____

Phone _____ Supervisor _____ Your Position _____

Previous Employer _____ Date Hired _____

Address _____

Phone _____ Supervisor _____ Your Position _____

Previous Employer _____ Date Hired _____

Address _____

Phone _____ Supervisor _____ Your Position _____

REFERENCES:

List two immediate family members or close friends who may be contacted in the event of an emergency.

Name _____

Relationship _____

Address _____

Phone _____

Name _____

Relationship _____

Address _____

Phone _____

MEDICAL HISTORY:

The following information is needed in the event of a medical emergency.

List any medications you are currently taking and the conditions for which they are used.

List any medical information that you feel the Antrim Police Department should be aware of. Include Doctor information and allergies of any kind.

On a separate sheet of paper, state the reasons why you would like to attend the Citizen's Police Academy and attach it, along with any supportive material you consider relevant to your application.

**PLEASE REVIEW YOUR ANSWERS CAREFULLY AND READ THE STATEMENT BELOW
BEFORE SIGNING THIS APPLICATION.**

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

I further understand that the Antrim Police Department will conduct a background investigation that will include, but not limited to, criminal records check and motor vehicle records check. If accepted as a student, I agree to abide by all the rules and regulations, and to attend at least 80% of the class schedule. I also understand that photographs and/or video may be taken during the course and may be subject to publications in newspapers and the Antrim Police Department web site.

Signature _____ **Date:** _____

Polo Shirts will be given to graduates of the Citizen Police Academy. Please indicate shirt size below-

Sm _____ Med _____ Lg _____ XLg _____ XXLg _____

PLEASE RETURN COMPLETED APPLICATION TO:

***Antrim Police Department
Citizen Police Academy Coordinator
66 Main Street, PO Box 506
Antrim, NH 03440
(603) 588-6613***