



EVESHAM POLICE DEPARTMENT Citizen Police Academy Application

PERSONAL:

Name _____ Date of Birth: _____
Last First Middle Month/Day/Year

Home Address: _____

Email: _____ Home/Cell phone: _____

EDUCATION/COMMUNITY AFFILIATION:

High School Grad? _____ GED? _____ Highest Grade Completed: 6 7 8 9 10 11 12
College Graduate? _____ College Student? _____ Degree and Major: _____
Community Resident? _____ Business/Property Owner? _____

BACKGROUND:

Please explain briefly why you wish to be enrolled in the Evesham Twp. Police Department Citizen Police Academy.

Please list any associations, clubs or organizations you may belong to or be affiliated with.

Have you ever been arrested for, convicted of, or cited for an offense other than traffic fines?
Yes _____ No _____

If Yes, explain in detail listing appropriate dates and charges and location action was taken.



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Have you ever been fired or asked to resign from any job in the past five years? Yes ___ No ___
If Yes, explain below.

EMPLOYMENT:

List information on the last two jobs you have held (please state if retired, unemployed, full time student, homemaker, etc.)

Present Employer: _____ **Date Hired:** _____
Address: _____ Telephone: _____
Supervisor: _____ Your Title: _____

Previous Employer: _____ **Date Hired:** _____
Address: _____ Telephone: _____
Supervisor: _____ Your Title: _____

REFERENCES:

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

Name: _____ Relationship: _____
Address: _____ Phone: _____

Name: _____ Relationship: _____
Address: _____ Phone: _____

MEDICAL HISTORY:

Please list any medications you are currently taking and the condition for which they are prescribed. This information will be kept **CONFIDENTIAL** and referred **ONLY** in the event of an emergency.

Is there any other medical condition or health information you feel the Evesham Police Department CPA staff should know about?

Yes _____ No _____

If Yes, explain: _____



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Review your application and answers carefully and read the statement below before signing.

“I hereby certify that there are no willful misrepresentations, omission 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 Evesham Township Department Citizen Police Academy.”

“I further understand that the Evesham Township Police Department will be conducting a thorough background investigation which may include, but not be limited to, any criminal history, employment history and personal references.”

Applicant Signature

Date

CPA STAFF ONLY

Received By

Date

Accepted into Class: YES NO

Date of Class: _____