

PISCATAWAY TOWNSHIP POLICE DEPARTMENT

CITIZEN POLICE ACADEMY PROGRAM 2020-Class #21 APPLICATION



LAST NAME _____ FIRST _____ M.I. _____

DATE OF BIRTH ____ / ____ / ____ AGE ____ SEX: MALE FEMALE CITIZEN: YES NO

MARITAL STATUS: SINGLE MARRIED DIVORCED WIDOWED SHIRT SIZE SM. MED. LG. XL 2XL
(MEN'S)

SOCIAL SECURITY NUMBER ____ - ____ - ____ HOME TELEPHONE NUMBER ____ - ____ - ____

HOME ADDRESS _____
Number Street City State Zip

CELL TELEPHONE NUMBER ____ - ____ - ____ OCCUPATION _____

PRESENT EMPLOYER _____
Name / Company City State Zip

PERSONAL E-MAIL ADDRESS: _____ @ _____

HIGHEST LEVEL OF EDUCATION: HIGH SCHOOL G.E.D. COLLEGE OTHER COLLEGE DEGREE(S) OR

PROFESSIONAL LICENSES? _____

DRIVERS LICENSE NUMBER _____ IS YOUR DRIVERS LICENSE CURRENTLY SUSPENDED OR
REVOKED IN NEW JERSEY OR ANOTHER STATE? YES NO

HAVE YOU EVER BEEN ARRESTED FOR, CHARGED WITH OR CONVICTED OF AN INDICTABLE CRIME, DISORDERLY PERSONS OFFENSE,
OR A CITY OR TOWNSHIP ORDINANCE VIOLATION? YES NO IF YES, PROVIDE DETAILS OF EVENT, DATE AND
DISPOSITION _____

LIST ANY CIVIC ORGANIZATIONS, ASSOCIATIONS, CLUBS OR GROUPS YOU BELONG TO _____

EXPLAIN BRIEFLY WHY YOU WISH TO BE ENROLLED IN AND HOW YOU LEARNED ABOUT THE CITIZEN POLICE ACADEMY? _____

CERTIFICATION

I certify that all of the statements made in this application are true, complete and correct to the best of my knowledge and belief, and are made in good faith. I understand that by participating in the Piscataway Township Citizen Police Academy, I may access to facilities, areas and equipment not generally available to the public. I am aware that any misrepresentation of any information supplied by me will result in my disqualification from attending the Piscataway Township Police Department Citizen Police Academy Class. I am aware that I will be issued an identification badge for the purposes of entering the township facilities and identifying me as a participant during said academy. I understand that this identification badge can not be used for any other purpose.

I also understand that any criminal record will preclude me from participating in the Citizen Police Academy Class.

Further, I hereby authorize the Piscataway Township Police Department to verify any and all information contained herein and to review any employment, education, criminal history, motor vehicle record, and other records and information from any source as noted in this duly executed authorization and release form.

I have read this Certification and I understand and agree to the conditions imposed herein.

Date: _____ Signature (IN INK) _____
Print Name _____

STATE OF: _____

COUNTY OF: _____

SWORN TO AND SUBSCRIBED BEFORE ME THIS

_____ DAY OF _____, 20 _____

(Print Name and Title)

NOTARY PUBLIC, MY COMMISSION

EXPIRES: _____

DO NOT WRITE BELOW THIS LINE

CLASS NUMBER 2019-#20 RECEIVED _____ RANKING _____

CRIMINAL HISTORY MOTOR VEHICLE APPROVED REJECTED PIN