



# HARWICHPolice

DEPARTMENT

183 Sisson Road, Harwich, MA 02645

Tel 508-430-7541 Fax 508-432-2530



DAVID J. GUILLEMETTE  
Chief of Police

KEVIN M. CONSIDINE  
Deputy Chief

## CITIZENS POLICE ACADEMY APPLICATION

Name: \_\_\_\_\_

Last Name

First Name

M.I.

Home Address: \_\_\_\_\_

Number

Street

Apt #

Town

State

Zip Code

Home Telephone # \_\_\_\_\_ Cell #: \_\_\_\_\_

Occupation: \_\_\_\_\_ Employer: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Last 4 Digits of SSN: \_\_\_\_\_

Community / Civic Group Affiliations (if any): \_\_\_\_\_

E mail Address: \_\_\_\_\_

HAVE YOU TAKEN THIS ACADEMY IN THE PAST? \_\_\_\_\_

**Important Notice:** Applicants must have no felony convictions. Applicants with misdemeanor convictions may be accepted after review of their record by the Chief or his designee. Applicants with misdemeanor convictions involving alcohol, drugs, or domestic violence etc. would likely not be accepted. Non-Harwich residents will be allowed at the discretion of the academy director. The Chief of Police or his designee reserves the right to deny any application at his / her discretion. Academy is filled on a first come first served basis. A criminal records check / background check will be conducted on all applicants. By signing below, you hereby grant the Harwich Police authority to conduct a criminal history records check / background check. The background check will be for Academy purposes and will be kept confidential.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

PLEASE NOTE: Completed applications should be returned ASAP to Sgt. Peter Petell at [ppetell@harwichpolice.com](mailto:ppetell@harwichpolice.com) or dropped off at the department.