

CITIZENS POLICE ACADEMY APPLICATION

(Please print all information clearly)

Name: _____

Last Name

First Name

M.I.

Home Address: _____

Number

Street

Apt #

Town

State

Zip Code

Home Telephone # _____ Cell #: _____

Occupation: _____ Employer: _____

Date of Birth: _____ Social Security #: _____

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 Lt. Kevin Considine, Harwich Police Department, 183 Sisson Road, Harwich Ma 02645

