



## SMITHFIELD POLICE DEPARTMENT CITIZENS POLICE ACADEMY APPLICATION FORM

**LEGAL NAME:** \_\_\_\_\_  
Last \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_

**PREFERRED NAME ON CLASS DOCUMENTS:** \_\_\_\_\_

**STREET ADDRESS:** \_\_\_\_\_

\_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

**PHONE NUMBER:** \_\_\_\_\_ **EMAIL:** \_\_\_\_\_

**DATE OF BIRTH:** \_\_\_\_\_  
(MM/DD/YYYY)

**DRIVERS LICENSE NUMBER:** \_\_\_\_\_ **STATE:** \_\_\_\_\_

**JOB TITLE:** \_\_\_\_\_

**EMPLOYER:** \_\_\_\_\_

**CITY AND STATE:** \_\_\_\_\_

Have you ever been charged, detained, or arrested for any criminal offense?  Yes  No  
(If yes, state offense and describe circumstances):

How did you hear about the program?

**I hereby authorize the Smithfield Police Department to examine the records available to the Smithfield Police Department for the purpose of evaluating my application.**

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**Applicant's Signature**

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**Date**