



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.

Applicant's Signature

Date