

**SPRINGFIELD TOWNSHIP POLICE DEPARTMENT**

**CITIZEN POLICE ACADEMY**

**PARTICIPANT APPLICATION**

Please print or type

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**FIRST NAME:** \_\_\_\_\_ **MIDDLE INITIAL:** \_\_\_\_\_

**LAST NAME:** \_\_\_\_\_

**DATE OF BIRTH:** \_\_\_\_\_

**SOCIAL SECURITY NUMBER:** \_\_\_\_\_

**RESIDENCE ADDRESS:** \_\_\_\_\_

**TELEPHONE: (HOME)** \_\_\_\_\_ **(WK.)** \_\_\_\_\_

**PLACE OF EMPLOYMENT:** \_\_\_\_\_

**EMPLOYERS ADDRESS:** \_\_\_\_\_

**OCCUPATION:** \_\_\_\_\_

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

**HAVE YOU EVER BEEN ARRESTED FOR AN OFFENSE OTHER THAN TRAFFIC VIOLATION?:** \_\_\_\_\_

**IF YES, WHAT OFFENSE?:** \_\_\_\_\_

**DESCRIBE IN YOUR OWN WORDS WHY YOU WANT TO ATTEND THE CITIZEN POLICE ACADEMY** \_\_\_\_\_

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