



ALLENTOWN POLICE DEPARTMENT

Citizens' Police Academy Application

Name		Date	
Address		City	Zip
Telephone ()	Cell phone ()		Email
Sex	Date of Birth	Driver License / PA ID #	
Occupation	Employer	Work Phone ()	

LIST TWO IMMEDIATE FAMILY MEMBERS OR CLOSE FRIENDS TO BE CONTACTED IN AN EMERGENCY:	
NAME:	RELATIONSHIP:
ADDRESS:	PHONE: ()
NAME:	RELATIONSHIP:
ADDRESS:	PHONE: ()

DO YOU HAVE ANY PAST ARRESTS, CONVICTIONS OR PENDING COURT CASES? (Include all misdemeanors and felonies. Do not include infractions, such as traffic tickets.)

Yes No

a. If you answered "yes" to the above question, please list below the date, agency, charge, and disposition. Attach an additional sheet if necessary.

Date	Agency	Charge
Disposition		

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Disposition		

Eligibility Requirements

Applicants for the Citizen's Academy must meet the following criteria:

- Be at least 21 years of age
- Have the ability to attend ALL scheduled classes
- Have no prior felony or serious misdemeanor convictions

Any requirement may be waived or modified upon review and approval of the Chief of Police

ATTENTION:

This training is not designed to certify citizens to perform law enforcement services. Its purpose is to enhance community relations and provide citizens with insight into the criminal justice system. Class size is limited. Residents and citizens who live and/or work within the city limits of Allentown will be given first priority.

BACKGROUND AUTHORIZATION

I understand that a criminal background and warrant check will be conducted by the Allentown Police Department as part of the application process. I hereby authorize any law enforcement agency to release to the Allentown Police Department any and all information, which said agencies have about me, for the limited purpose of aiding the Allentown Police in evaluating my eligibility for the participation in their Citizens' Academy.

I certify that all statements made on this application are true and complete. I understand that I may be rejected for submitting incomplete or false information. I hereby authorize employees of the Allentown Police Department to make an examination of the above information for the purpose of evaluating my application.

Signature of Applicant

Date

Print Applicant's Full Name

SUBMIT APPLICATIONS with a COPY of Photo ID to:

ATTN: Sergeant Jim Gress
Allentown Police Department
425 Hamilton Street
Allentown, PA 18101

Or in-person at the Public Safety Building, 425 Hamilton Street, Allentown, PA 18101, between the hours of 8am-4pm, Monday-Friday.

APPLICATION DEADLINE, MONDAY, JUNE 8TH, 2015, 4PM.

FOR OFFICIAL USE ONLY

DATE RECEIVED	WARRANT CHECK	ICIS CHECK	CAD CHECK