



# ALLENTOWN POLICE ACADEMY

## ACT #120 CIVILIAN APPLICATION



Name: \_\_\_\_\_ Gender: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Cell Phone #: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Social Security #: \_\_\_\_\_

Place of Birth: \_\_\_\_\_

Other Languages Spoken: \_\_\_\_\_ First Language, if other than English: \_\_\_\_\_

Email Address: \_\_\_\_\_ Marital Status: \_\_\_\_\_

Are You On Any Social Network? Is So, Please List: \_\_\_\_\_

Driver's License #: \_\_\_\_\_ State License Issued: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_

Citizenship: Us  Dual  Please Specify Other Country of Citizenship: \_\_\_\_\_

Have You Ever Been **Arrested, Convicted, or Plead Guilty** For Any Summary, Misdemeanor, or Felony Offense?  
 Yes or No *If Yes, Explain On Reverse Side.*

Have You Ever Been **Cited Or Convicted** For Any Traffic Offenses? Yes or No  
*If Yes, Explain On Reverse Side. Please List Specific Dates And Locations.*

**Current Employer:** \_\_\_\_\_

Supervisor Name & Phone Number: \_\_\_\_\_

May we contact your supervisor? \_\_\_\_\_

Will you continue to work while attending the Academy? \_\_\_\_\_

**Medical Coverage (Company & Policy #):** \_\_\_\_\_

**Education:**

High School: \_\_\_\_\_ Location (City, State) \_\_\_\_\_

Dates Attended: \_\_\_\_\_ Graduation Date: \_\_\_\_\_ GED – Year Obtained: \_\_\_\_\_

List all Colleges/Universities/Technical schools at which you have taken courses:

Name of College/University/Tech School	Location (City, State)	Dates Attended	Degree/Certification
_____	_____	_____	_____
_____	_____	_____	_____

Number of credits earned: \_\_\_\_\_

**Military Service:**

Branch \_\_\_\_\_ Dates Served \_\_\_\_\_ Rank \_\_\_\_\_

Are you a Member of a Reserve Unit? Yes or No

**Alternate Contact Info – List two contacts:**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**In case of emergency whom should we contact?** \_\_\_\_\_

**References – Include One Employer Reference and Two Non-Family References:**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

**Have you ever applied to any other police academy? Yes \_\_\_ No \_\_\_ If yes, where? \_\_\_\_\_**

**Expected Physical Activities:**

Running 2-5 miles 3-5 days per week; circuit training at least 2 days per week; bench press your body weight; 40 sit-ups in 1 minute; 5 pull ups and 50 push ups. Firearms training – eye/hand coordination to safely handle a firearm. Signature on attached release is certification you can perform expected activities.

**QUESTIONNAIRE:**

Use a separate sheet of paper to answer the following questions. Make sure you answer all 5 questions.

Why do you want to be a Law Enforcement Officer?

Identify three things that attract you to being a Law Enforcement Officer.

What have you contributed to your family, school, work and/or community?

How will this program help you?

Where do you expect to be career-wise in five years?

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**Agreement:**

I promise, upon being accepted as a student in this training program to abide by the rules of the Police Academy And I agree to dismissal if found guilty of disobedience or improper conduct. All information submitted on this application is true and correct to the best of my knowledge.

**SIGNATURE OF APPLICANT:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**PRINT NAME:** \_\_\_\_\_

**RETURN COMPLETE PACKET TO:** Allentown Police Academy, 2110 Park Dr., Allentown, PA 18103-9604

**APPLICATION PACKET MUST INCLUDE:**

- Application form
- Release and Indemnification Agreement form
- Copy of current driver’s license
- Current criminal record check from each state lived in
- Copy of High School Diploma or GED certificate
- Proof of citizenship
- Application disclosure form
- Authorization and consent for release of personal information

**INCOMPLETE PACKETS WILL BE RETURNED TO APPLICANT**

For Office Use Only:

Date Received: \_\_\_\_\_