



**WETHERSFIELD POLICE DEPARTMENT
CITIZEN'S POLICE ACADEMY, Class # 4
February 6, 2008
Application**

Name: _____ Date: _____

Address: _____

City/ Zip: _____ Date of Birth: _____

Email Address: _____

Drivers License #: _____ State: _____

Home Phone: _____ Work Phone: _____

Place of Employment: _____

Occupation: _____

How did you hear about the Wethersfield Citizen's Police Academy ?

Attendance Eligibility Requirements:

- 21 years of age or older
- Live and/or Work within the Town of Wethersfield
- Must not have a felony arrest record

I, _____, understand that from the application and signature below, the above information will be verified and a background check completed by the Wethersfield Police Department, for the purposes of checking my criminal history record, so that I may be selected to participate in the Citizen's Police Academy Program.

I also understand my criminal history background may disqualify me from being selected to the Citizen's Police Academy. By signing below, I give consent to the Wethersfield Police Department to check my criminal history record, for the purposes of being selected to the Citizen's Police Academy.

Signature

Completed applications should be mailed or dropped off no later than Friday,
February 1, 2008 at

Wethersfield Police Department
Attention: Lt. David A. Scales
250 Silas Deane Hwy.
Wethersfield, CT 06109