

TOWN OF NEWBURGH POLICE DEPARTMENT

Citizens Police Academy Application Form



NAME: L:	F:	MI:	
ADDRESS:			
EMAIL:			
PHONE: H#:	W#	Cell#:	
DATE OF BIRTH		_	
		AME? Yes or No	
CURRENT OCCUPATION:			
CURRENT EMPLOYER(S):			
HAVE YOU EVER LIVED IN IF YES, WHERE AN		Yes or No	
		CE ACADEMY:	
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ARE YOU RELATED TO ANYONE IN LAW ENFORCEMENT? Yes or No
IF YES, WHO AND WHERE ARE THEY EMPLOYED?
HAVE YOU EVER HAD ANY CONTACT WITH A MEMBER OF THE TOWN OF NEWBURGH POLICE DEPARTMENT, OR ANY OTHER LOCAL, STATE, OR FEDERAL AGENCY FOR ANY REASON INCLUDING A TRAFFIC STOP, TO REPORT CRIMINAL ACTIVITY, CALL FOR ASSISTANCE, ETC?
Yes or N
IF YES, PLEASE EXPLAIN:
HAVE YOU EVER BEEN CONVICTED OF A CRIME? (Misdemeanor or Felony) Yes or No IF YES, FOR WHAT CRIME, WHERE, AND WHEN:
HAVE YOU EVER BEEN ARRESTED, CHARGED, OR BEEN A SUSPECT IN A CRIME? Yes or No IF YES, FOR WHAT CRIME OR INCIDENT, WHERE AND WHEN?
HAVE YOU EVER BEEN TAKEN INTO CUSTODY BY A LAW ENFORCEMENT OFFICER FOR ANY REASON? Yes or No IF YES, FOR WHAT REASON, WHERE AND WHEN?
1257. ON WHAT READON, WHERE AND WHEN:
SIGNATURE: DATE:
Please return completed application form to:
PO Laura Dunn

TOWN OF NEWBURGH POLICE DEPARTMENT

300 Gardnetown Rd Newburgh, NY 12550