

## TOWN OF NEWBURGH POLICE DEPARTMENT

## Citizens Police Academy Application Form



NAME: L:	F:	MI:
ADDRESS:		
EMAIL:		
PHONE: H#:	W#	Cell#:
DATE OF BIRTH		
HAVE YOU EVER BEEN	KNOWN BY ANY OTHER NAME?	Yes or No
IF YES, WHAT N	IAME(S):	
CURRENT OCCUPATIO	N:	
CURRENT EMPLOYER(S	5):	
HAVE YOU EVER LIVED	IN ANY OTHER STATE? Yes o	r No
IF YES, WHERE	AND HOW LONG?	
HAVE YOU ATTENDED	A TNPD CITIZENS ACADEMY IN TH	E PAST? Yes or No
REASON (S) FOR ATTE	NDING THE CITIZENS POLICE ACAD	DEMY:
ARE YOU RELATED TO	ANYONE IN LAW ENFORCEMENT?	Yes or No
IF YES, WHO AT	ND 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?

						Y	es or	No
IF YE	S, PLEASE E	EXPLAIN: _						
HAVE YOU E	VER BEEN	CONVICTE	D OF A CRIM	E? (Misde	meanor or Felon	y) Yes	or	No
					SUSPECT IN A CF			No
IF YE	S, FOR WH	AT CRIME	OR INCIDENT	T, WHERE A	AND WHEN?			
HAVE YOU E			O CUSTODY No	BY A LAW	ENFORCEMENT (	OFFICER FO	OR ANY	
IF YE	S, FOR WH	AT REASOI	N, WHERE AN	ND WHEN?				
SIGNATURE:	:				DATE:			
			ion form to:					

PO Katherine Otero TOWN OF NEWBURGH POLICE DEPARTMENT 300 Gardnertown Rd. Newburgh, NY 12550