

ROSS TOWNSHIP POLICE DEPARTMENT

CITIZEN POLICE ACADEMY

Application for Enrollment

Applicant must be 21 years of age to be eligible. Incomplete applications will not be considered.

PLEASE PRINT OR TYPE:

NAME (LAST, FIRST, MIDDLE)	DATE:
HOME ADDRESS:	ZIP CODE:
HOME PHONE / CELL PHONE	WORK PHONE:
EMAIL ADDRESS:	
PRESENT EMPLOYER:	
EMPLOYER ADDRESS:	PHONE NUMBER:
OCCUPATION:	
DRIVER'S LICENSE NO: BIRTHDA'	TE:
HAVE YOU EVER BEEN ARRESTED FOR, CONVICTED OF, OR CITED FOR AN OMINOR TRAFFIC CITATION(S) BUT INCLUDING DUI/OVI?	OFFENSE OTHER THAN NO YES, EXPLAIN BELOW
IF YES, EXPLAIN IN DETAIL GIVING THE DATE, CHARGE, LOCATION AND ACT	ION DATE:
BRIEFLY EXPLAIN WHY YOU WISH TO BE ENROLLED IN THE ROSS TOWNSHI	P CITIZEN POLICE ACADEMY:
LIST ANY COMMUNITY ACTIVITIES IN WHICH YOU ARE CURRENTLY INVOLVE	D: