



Application for the Westfield Police Department Citizen Police Academy

Name: _____
(Last) (First) (MI)

Other names used: _____
(i.e. maiden names, AKAs, previous married names)

Social Security Number: ____ - ____ - ____ Date of Birth: ____ / ____ / ____

Address: _____
(Street – apt #) (City) (State) (Zip)

Telephone Number: Home: _____ Cell: _____
Work: _____ Other: _____

E-mail address: _____

Driver's License Number: State: _____ Number: _____
Expiration Date: _____

Have you ever been arrested or charged with a crime? Yes ____ No ____

If yes, explain where, when and disposition:

Place of employment: _____

Work address: _____

How did you hear about the citizen police academy? _____

Do you meet these additional requirements for the citizen police academy class?

Are you at least 21 years of age? Yes____ No ____

Do you live or work in the City of Westfield, MA? Yes____ No ____

I certify that all statements made on this application are true and complete. I authorize any individual, company, organization or institution to release any and all information concerning statements made by me on this application, and I do hereby release all parties and individuals connected therewith from all liabilities for any damages whatsoever incurred in furnishing such information. I agree and understand that any deliberate misstatement or omission of material facts may disqualify me to attend the Citizen Police Academy. My signature below acknowledges my understanding and agreement with material provided.

Signature: _____ Date: _____

Please return this application to: Lt. Eric Hall
Westfield Police Department
15 Washington Street
Westfield, MA 01085