FAIRFIELD TOWNSHIP POLICE DEPARTMENT

APPLICATION FOR THE CITIZEN POLICE ACADEMY

Clear Print

(PLEASE PRINT)

Name:	Address:		
Phone: (home)	Phone: (other)	Social Security Number:	Date of Birth
Name of Employer:		Address of Employment:	

Have you ever been arrested? ☐ YES ☐ NO * *(If Yes, please explain below, including the date, charge(s) and location)*

Please explain why you are interested in participating in the Citizen Police Academy:

Please check all that apply: ☐ I'm a resident of Fairfield Township ☐ I work in Fairfield Township ☐ I own a business in Fairfield Township

Select Shirt Size:	**MEN'S Sizes**	**WOMAN'S Sizes**
	☐ Small ☐ Med. ☐ Large ☐ X-Large ☐ XX-Large	☐ Small ☐ Med. ☐ Large ☐ X-Large ☐ XX-Large

I, _____ , having made application for participation in the Fairfield Township Police Department's Citizen Police Academy, hereby authorize the Township of Fairfield to investigate and to ascertain any and all information which may concern a criminal records check, including, but not limited to, confidential investigatory material, and/or records involving police or court contact when the applicant was a minor.

I hereby release the custodian or custodians of such criminal investigatory records, the Township of Fairfield, and its Division of Police, its agents, employees, and representatives in any capacity, from any and all claims of liability or damage of whatever kind or nature, which at any time could result to me, my heirs, assigns, associates, personal representative(s) of any nature because of compliance by said Division of Police, its employees, agents or representatives with this Authorization for Release of Information.

_____ _____

Applicant Signature *Date*

_____ _____

Witness Signature *Witness Printed Name*

For Police Department Use

Week 1	Week 2	Week 3	Week 4	Week 5	Week 6	Week 7	Week 8	Week 9	Split	Week 10
☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐