

FAIRFIELD TOWNSHIP POLICE DEPARTMENT

APPLICATION FOR THE CITIZEN POLICE ACADEMY

(PLEASE PRINT)					
Name: Address:					
Phone: (home)		Phone: (other)	Soci	ial Security Number:	Date of Birth
Name of Employer:			Ad	dress 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,					
Applicant Signature					Date
Witness Signature					Witness Printed Name

For Police Department Use

Week 6

Week 7

Week 8

Week 9

Split

Week 10

Week 4

Week 1

Week 2

Week 3

Week 5