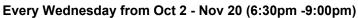


## LAWRENCE TOWNSHIP POLICE DEPARTMENT

## **Citizens Police Academy Application**



PERSONAL INFORMATION					
Name:	Home Phone: ()				
Home Address:	Cell Phone: ()	Cell Phone: ()			
City, State, Zip:	Email:				
NJ Driver's lic. #:	Exp. Date:		Age:		
Shirt Size:					
CURRENT EMPLOYMENT INFORMAT	TON				
(If Retired, list most recent Employment	Information)				
Occupation:	Business Phone: (	)			
Business Name:					
Business Address:	Address: City, State:				
QUESTIONNAIRE					
Have you ever been arrested or convicted of any criminal offense?			No		
Do you have any medical conditions that limit your activities?			No		
Have you ever used a name other that the one listed above?			No		
Do you have any pending court cases? (Civil or Criminal)			No		
f you answered "yes" to any of these qu	uestions, please elaborate:				
Do you meet the following requirements	for the class?				
Are you at least 21 years of age?			No		
Do you live or work in Lawrence Township?			No		

Please let us know why you are	interested in attending the	e Citizens' Police Academy:
Please list any community intere	sts, clubs or professional	memberships. etc.
How did you hear about the Citiz	en's Academy?	
CLASS ATTENDANCE		
	gap in the education pro	full agenda each class session. Missing ocess of the academy. I understand that a certificate of graduation.
BACKGROUND AUTHORIZATI	ION	
Township Police Department as agency to release to the Lawren limited purpose of aiding in evaluation understand that I will not receive received from said agencies. I have	part of the application proce Township Police Department of the application process and am not entitled to know the release, discharge and information from any and part of the part of th	ant check will be conducted by the Lawrence rocess. I authorize any law enforcement artment any and all information for the rticipate in the Citizens Police Academy. I now the contents of confidential reports and hold harmless the agencies, their and all liability arising out of furnishing and
		nt permission to use my likeness in a uding website entries, without payment or
Signature of Applicant:		Date:
Return completed application to:	Lt. R Laird #217 Lawrence Township Polic 2211 Lawrence Rd. Lawrence NJ, 08648	e Department
FOR OFFICE USE: Date Received: Background Check Completed - Date		Accepted Denied