



Last Name:	First Name:	M.I.:
Date of Birth:	Social Security Number:	
Address:		
City:	State:	Zip Code:
Home Phone:	Work Phone:	Cell Phone:
Driver's License Number and State		
Email:		
Are you a resident of Middletown?	If yes, how long?	Occupation:
Briefly explain why you wish to be enrolled in the Middletown Township Police Department Citizens Police Academy.		
Shirt Size (type answer) S M L XL 2XL		
Emergency Contact Name:		Relationship:
Address		Phone Number:

DO YOU HAVE ANY PAST ARRESTS, CONVICTIONS OR PENDING COURT CASES? YES NO

If yes, fill out the information below and use a separate sheet if necessary. If no, skip this section.

Date of Offense:	Agency:	Charge:
Disposition		
Date of Offense:	Agency:	Charge:
Disposition		

I hereby certify that there are no willful misrepresentations, omissions or falsifications in the foregoing statements and answers to questions. I understand that MTPD reserves the right to reject any application for any reason. I am aware that the MTPD will be conducting a thorough background investigation that may include, but is not limited to, a criminal history and employment history. I understand that there is no charge for the Academy and, if selected for enrollment, pledge the time commitment to attend.

Applicant Signature: _____ Date: _____

RETURN COMPLETED APPLICATION TO: 5 MUNICIPAL WAY
LANGHORNE, PA 19047
ATTN: CITIZEN'S POLICE ACADEMY

STAFF USE ONLY	REVIEWED BY:	DATE:
APPROVED:	REJECTED (REASON):	