



# Hamden Police Department



## Citizen's Police Academy Application

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_

Email: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Driver's License # \_\_\_\_\_ State: \_\_\_\_\_

Business Address: \_\_\_\_\_

Please explain why you want to participate in the Hamden Citizen's Police Academy?

\_\_\_\_\_  
\_\_\_\_\_

How did you hear about the Hamden Citizen's Police Academy? \_\_\_\_\_

\_\_\_\_\_

I believe that all the information above to be true and accurate. I understand that from the application and signature below, the information will be verified and a background investigation will be conducted by the Hamden Police Department.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Completed application must be submitted no later than March 22, 2019 4:00 pm**

Hamden Police Department

2900 Dixwell Ave.

Hamden, CT. 06518

203-230-3767

Attention: Sergeant Brent Zuscin