

Freetown Police Department

Citizen's Academy Application Form

Last Name: _____ First: _____ MI: _____

Address: _____

Email: _____

Home Phone # _____ Cell Phone # _____

Date of Birth: _____ SSN _____

Driver's License Number: _____

Have you ever been known by another name? Yes or No

If yes, what name (s)? _____

Current Occupation: _____

Previous Occupation: _____

Current Employer: _____

Previous Address: _____

Have you ever lived in another state? Yes or No

If yes, where and how long? _____

Reason (s) for attending the Citizen's Police Academy? _____

Freetown Police Department

Citizen's Academy Application Form

Do you know anyone involved in Law Enforcement? Yes or No

If yes, who and where are they employed? _____

Have you ever had any contact with a member of the Freetown Police department, or any other local, state, or federal agency for any reason including traffic stop, to report criminal activity, call for assistance, etc?

Yes or No

If yes, please explain: _____

Have you ever been convicted of a crime? (Felony and/or Misdemeanor)

Yes or No

If yes, for what crime, where, and when: _____

Have you ever been arrested, charged, or been a suspect in a crime?

Yes or No

If yes, for what crime or incident, where and when? _____

Freetown Police Department

Citizen's Academy Application Form

Have you ever been taken into custody by a law enforcement official for any reason?

Yes or No

If yes, for what reason, where and when? _____

I understand that personnel from the Freetown Police Department, as a part of a background investigation, will be conducting a criminal record inquiry through the Board of Probation. By signing below, I authorize personnel from the Freetown Police Department to conduct this criminal record check for the purposes of admission to the Freetown Citizen's Police Academy. The results of this background check MAY result in my exclusion from participation in the Academy. All matters which may arise from the background check will be handled in a case by case manner.

Signature of Applicant: _____

Date: _____

Mail or Fax:

Freetown Police Department
Training Supervisor
225 Chace Rd
E. Freetown, Ma 02717
Fax # (508) 763-4010

OFFICER
1683