

**Williamsport CITIZENS POLICE ACADEMY APPLICATION**

**LEGAL NAME (LAST/FIRST/MIDDLE):**

**PREFERRED NAME ON CLASS DOCUMENTS:**

**STREET ADDRESS:**

**CITY, STATE, AND ZIP CODE:**

**PHONE #:**

**E-MAIL:**

**DATE OF BIRTH (mm/dd/yyyy):** \_\_\_\_\_ **GENDER:**  male  female

**DRIVERS LICENSE #:** \_\_\_\_\_ **STATE** \_\_\_\_\_

**RACE:** \_\_\_\_\_ (Note: Race is required for background check. Failure to include may result in delays in processing your application.)

**JOB TITLE:**

**EMPLOYER:**

**CITY AND STATE:**

**Have you ever been charged, detained, or arrested for any criminal offense in your lifetime?  Yes  No** (If yes, state offense and describe circumstances)(if additional space is needed please include a blank page with details):

**What do you hope to gain from participating in this course?**

**I hereby authorize the Williamsport Police Department to conduct a background check for the purpose of evaluating my application.**

**Date:**

**Applicant's Signature**

(If emailing application, please type your name in the space above. Your typed name will be considered your signature on this application.) Email applications [tmiller@cityofwilliamsport.org](mailto:tmiller@cityofwilliamsport.org) or deliver to Williamsport Bureau of Police to the attention of Captain Miller.