| MembershCiCip Application |
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| City of bethlehem Police DepartmentCitizens Police Academy- Application for Participation |
| **Last Name:** Click here to enter text. **First Name:** Click here to enter text. **M.I:** Click here to enter text. |
| **Date of birth:** Click here to enter text. **Email: (Print Clearly)** Click here to enter text. |
| **Street Address:** Click here to enter text. |
| **City:** Click here to enter text. | **State:** Click here to enter text. | **ZIP Code:** Click here to enter text. |
| **Telephone:** Click here to enter text. | **Cell:** Click here to enter text. | **Driver’s License Number:** Click here to enter text. |
| **Are you a resident of Bethlehem? Yes** [ ]  **No** [ ]  |  | **How Long?** Click here to enter text. |
| **Are you employed by or own a business in Bethlehem?**  | **Yes** [ ]  **No** [ ]  | **How Long?** Click here to enter text. |
| **Name of business:** Click here to enter text. |  |  |
| **Have you ever been arrested for, convicted of, or cited for an offense other than traffic fines of $200 or less? Yes** [ ]  **No** [ ]  |
| **If yes, please explain in detail, listing appropriate dates, charges, places, and action taken:**

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| Click here to enter text. |

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| **Please explain briefly why you wish to be enrolled in the City of Bethlehem Citizens Police Academy?**

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| Click here to enter text. |

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| **How did you hear about it?**

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| Click here to enter text. |

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| **Present Employer:** Click here to enter text. |
| **Address:** Click here to enter text. |
| **Telephone:** Click here to enter text. **Date Hired:** Click here to enter text. **Supervisor:** Click here to enter text. |
| **Your Position or Title:** Click here to enter text. |
| **Emergency Contact:** Click here to enter text. |
| **Name:** Click here to enter text.**Address:** Click here to enter text.**Telephone:** Click here to enter text. **Relationship:** Click here to enter text. |
| **Name:** Click here to enter text.**Address:** Click here to enter text.**Telephone:** Click here to enter text. **Relationship:** Click here to enter text. |
| **List the name and address of two character references:** |
| **Name:** Click here to enter text. | **Relationship:** Click here to enter text. |  |
| **Address:** Click here to enter text. | **Telephone:** Click here to enter text. |  |
| **Name:** Click here to enter text. | **Relationship:** Click here to enter text. |  |
| **Address:** Click here to enter text. | **Telephone:** Click here to enter text. |  |
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| ***“I hereby certify that there are no willful misrepresentations, omissions, or falsifications in the foregoing statements and answers to questions. I understand that any omissions or false statements on this application shall be sufficient cause for rejection for enrollment or dismissal from the City of Bethlehem Citizens Police Academy.******I further understand that the City of Bethlehem Police Department will be conducting a thorough background investigation that may include, but not limited to, any criminal history, employment history and personal references.”***  |

 **Signature**  Click here to enter text.**Return Completed Application To: City of Bethlehem Police, Citizens Police Academy** **10 E. Church St. Bethlehem, Pa 18018****Questions Call: 610-419-9187** |
| **CPA STAFF USE ONLY** |
| **Reviewed By:**  | **Date:** Click here to enter text. |
| **Approved:** Click here to enter text. | **Rejected:** Click here to enter text. |