| MembershCiCip Application | | | | | |
| --- | --- | --- | --- | --- | --- |
| City of bethlehem Police Department Citizens 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:**   |  | | --- | | Click here to enter text. | | | | | | |
| **Please explain briefly why you wish to be enrolled in the City of Bethlehem Citizens Police Academy?**   |  | | --- | | Click here to enter text. | | | | | | |
| **How did you hear about it?**   |  | | --- | | Click here to enter text. | | | | | | |
| **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. | |  |
| |  | | --- | | ***“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. | |