



City of Hagerstown Police Department Citizens Police Academy Program

Applicants must be 18 years of age. Incomplete and/or unsigned applications will not be considered for processing. Applications must be **type written or printed legibly**.

PERSONAL INFORMATION:

Full Name: (First, Middle Last) _____ Date of Birth: _____
Street Address: _____
City: _____ County: _____ State: _____
Zip Code _____ Home or Cell Phone Number: _____
Social Security # _____ How long have you lived at the above address? _____

EDUCATION:

High School Attended: _____
Do you have a High School Diploma or GED? (Y/N) (Not Required)
College or Trade school(s) attended _____
Degree/ Certificate(s) Earned: _____

EMPLOYMENT HISTORY:

Current / Most Recent Employer: _____
Business Address: _____
Employer Telephone: _____ Are You Retired (Y/N)
Job Title: _____ Are/Were you a supervisor? (Y/N)

Previous Employer: _____
Business Address: _____
Employer Telephone: _____ Date(s) you worked: From _____ To _____

BACKGROUND INFORMATION:

Do you have a valid license to operate a motor vehicle? (Y/ N) # _____
State: _____
Have you ever been convicted of a crime other than a minor traffic offense? _____

If yes, please explain: _____

Are you currently under indictment for any criminal offense? (Y/ N)
Are you willing to submit to a criminal background investigation? (Y/ N)

Continued on Reverse

REFERENCES:

List three professional or personal references not related to you.

Name: _____ Telephone: _____

Address: _____

Name: _____ Telephone: _____

Address: _____

Name: _____ Telephone: _____

Address: _____

EMERGENCY INFORMATION:

Are there any medical conditions that you would like us to be aware of?

Who would you like us to contact in case of an emergency?

Name: _____ Telephone: _____

Address: _____

Relationship: _____

Please review all of you answers carefully and read the statement below before signing this application.

“I hereby certify that there are no willful misrepresentations, omissions, or falsifications in the foregoing statements and answers to questions. I understand that any omission or false statements on this application shall be sufficient cause for rejection or dismissal from the City of Hagerstown’s “Citizens Police Academy Program.”

“I further understand that the City of Hagerstown Police Department will be conducting a thorough background investigation that may include, but no limited to, any criminal history, employment history, and may include information contained in my driving record.”

Please sign attached Release of information form.

Individuals requiring special accommodations are requested to contact the Hagerstown Police Department at 301-790-3700 or 301-797-6617 Voice /TDD, to make arrangements no later than ten (10) working days prior to the meeting.

Signature: _____

Date: _____

Witness: _____ (Must be HPD employee) Date: _____

Please return completed form to:

Officer Gerard Kendle
50 N. Burhans Blvd.
Hagerstown, MD 21740
Phone: 301-790-3700 VM Ext 308.
Fax Number: 301-733-5513