



ROSS TOWNSHIP POLICE DEPARTMENT

CITIZENS POLICE ACADEMY

Last Name:	First Name:	MI:	Age:	Race:	Sex:	Social Security #:	Date of Birth:
Home Address:		City:		State:	Zip Code:	Place of Birth:	
Home Phone: () -		Other Phone: () -		Email:			
Previous addresses for the last five (5) years:							
CRIMINAL HISTORY AND DRIVING RECORD:							
Pennsylvania Drivers License Number:				Has your drivers license ever been suspended or revoked: YES <input type="checkbox"/> NO <input type="checkbox"/>			
Have you ever been arrested? YES <input type="checkbox"/> NO <input type="checkbox"/>							
If yes, please explain:							
Have you ever been convicted of a crime? YES <input type="checkbox"/> NO <input type="checkbox"/>							
If yes, please explain:							
If you have received any traffic citations in the past two (2) years, please list the date, location, offense and disposition of all citations:							
If you have been involved in any accidents in the past two (2) years, please list date, location and circumstances of all accidents:							
Have you ever had any charges expunged?							
Do you have any current or in the past 5 years a Civil Litigation?							
REFERENCES:							
Please list three (3) individuals that you have known for at least 5 years. (Please list their full name, complete address and contact telephone number.) FAMILY MEMBERS MAY NOT BE USED AS REFERENCES.							
Name:		Address:			Zip Code:	Phone #:	
1.							
2.							
3.							
EDUCATION:							
Please check the box below that most accurately describes your level of education:							
Some High School <input type="checkbox"/>		High School Diploma <input type="checkbox"/>		Some College Study <input type="checkbox"/>			
College Degree <input type="checkbox"/>		Some Graduate Study <input type="checkbox"/>		Graduate Degree <input type="checkbox"/>			
High School Attended:				College(s) Attended:			



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MILITARY SERVICE:			
Branch of Military:	Rank Achieved:	Years Served:	Date of Discharge:
Honorably discharged? Yes <input type="checkbox"/> No <input type="checkbox"/> If no, please explain:			
EMPLOYMENT HISTORY: (Please fill out completely) If you are retired, please note "Not applicable".			
Current employer:	Occupation and job description:	Start date:	End date:
Address:		City, state, zip code:	Phone Number: () -
Employment for the past ten (10) years: (Starting with the most recent previous employment, please include employer's name, address, phone number, supervisors and dates employed). Use additional paper if needed.			
1.			
2.			
3.			
4.			
5.			
Have you ever applied to the Ross Township Police Department, any local, state, or federal law enforcement agencies, or any police training academies? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If yes, please list the agency's name, date of application and outcome of application.			
How did you learn about the Ross Township Citizens Police Academy?			
Why are you interested in participating in the Ross Township Citizens Police Academy?			



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CONSENT FOR BACKGROUND INVESTIGATION

I _____ of _____
Printed full name Address

_____, Pennsylvania (_____) _____ - _____
City Zip code Area code Telephone number

I do hereby authorize the Ross Township Police Department and its members to conduct an investigation into my background in order to determine my suitability to be approved as a cadet in the Ross Township Citizens Police Academy.

I authorize all persons, employers, civilian or government entities, military agencies, law enforcement agencies and any local, county, state or federal agencies to release, furnish or exchange any and all information related to myself to The Ross Township Police Department.

I understand information collected includes, but is not limited to my character, integrity, reputation, conduct, behavior and criminal history.

I further understand members of the Ross Township Police Department may interview family members, persons living close to me, current and former employers and any other persons members of The Ross Township Police Department feel necessary to determine my eligibility to participate as a cadet in the Ross Township Citizens Police Academy.

Signature of applicant _____ Date ____/____/____

Signature of witness _____ Date ____/____/____