



Ocean City Police Department

Citizen Police Academy Application

Applicant Information

Full Name: _____ Date of Birth: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

City State ZIP Code

Phone: _____ Email _____

Employer's Name: _____

Employer's Address: _____
Street Address

City State ZIP Code

Employer's Phone: _____ Date Hired: _____

Job Description: _____

Do you possess a valid Driver's License?: YES NO

Driver's License No.: _____ State: _____

Background

High School: _____ Grade Completed: _____

College: Some College Associate's Bachelor's Master's Doctorate Other

Have you ever attended a Citizen's Academy presented by a Police Department? YES NO

If yes, list which city, state or jurisdiction:

If yes, please explain:

Certification

I certify that all statements made on this application are true and complete. I authorize any individual, company, organization or institution to release any and all information concerning statements made by me on this application, and I do hereby release all parties and individuals connected therewith from all liabilities for any damages whatsoever incurred in furnishing such information. I agree and understand that any deliberate misstatement or omission of material facts may disqualify me from attending the Ocean City Police Department's Citizen Police Academy.

I further understand the Ocean City Police Department will be conducting a thorough background investigation which may include, but not be limited to, any criminal history, employment history and personal references.

My signature below acknowledges my understanding and agreement with the material provided.

Signature:

Date:

Please return completed application to:

Ptl. Kayla Ricci #320
Ocean City Police Department
609-525-4252
835 Central Avenue
Ocean City, NJ 08226
KRICCI@OCNJ.US