

## **Ocean City Police Department**

## **Citizen Police Academy Application**

				Applicant Inf	ormation				
Full Name:							Date of Bir	th:	
	Last		I	First		M.I.			
Address:									
Addicss.	Street Address							Apartment/Unit #	
	City					State		ZIP Code	
Phone:				Fi	mail				
· ···o···e·					mail				
Employer's	s Name:								
Employer's	s Address:	Street Address							
		Street Address							
		City				State		ZIP Code	
Employer's Phone:						Date Hir	ed:		
	_								
Joh Dosoria	ation								
100 Descrit									
_			YES	NO					
Do you pos	ssess a vai	lid Driver's License?	: 🗆						
Driver's License No.:						State:			
	_	_	_			_	_		
				Backgro	ouna				
High Schoo	ol:			_ Grade Co	ompleted:				
	Some Co	llege Associate's	Bachelor's	Master's	Doctorate	Other			
College:		Associate s							
						VEC	NO.		
Have you e	ever atten	ded a Citizen's Acad	lemy present	ed by a Police	Department?		NO		
If yes, list v	which city,	, state or jurisdiction	n:						

Have you ever been arrested or convicted of a crime or offense?	YES NO						
If yes, list date of conviction, state in which conviction occurred and final disposition:							
Please explain briefly why you wish to attend the Ocean City Police	Department's Citizen Academy:						
Please list any associations, clubs or organizations you belong to or	are affiliated with:						
Poforo							
References  Please list two immediate family members or close friends who may be contacted in the event of an emergency:							
Full Name:	Relationship:						
Address	Phone:						
Address:	Phone.						
Full Name:	Relationship:						
Address:	Phone:						
Are there any medical or health conditions you feel the Ocean City Police Department Citizen Police Academy Staff  YES  NO should know about?							

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