

Suffolk County Police Department Civilian Academy Application



Date of Application:	Home Precinct of	Candidate:
Last Name:	First Name:	
Middle Name:	Maiden Name/AK	As:
Date of Birth:	Social Security Number:	Sex: □M □F □X
Drivers License #:	Expiration Date:	State Issued:
Home Address:		
City:	State:	Zip:
	Home/Work Phone s) Associated With:	
Name of Company	PRESENT EMPLOYER	Phone # ()
	City:	
Type of Work:		Employed Since:
If <i>Yes</i> , list Date, Age Include all misd <u>Date</u>	ts, convictions or pending court cases?	PD, etc.), Charge & Disposition below. nfractions –example traffic tickets. rge <u>Disposition</u>
application process. I hereby a information which said agenci eligibility for participation in to confidential reports received f Department, associated law er	Authorization ackground and warrant check will be conducted by the Sauthorize any law enforcement agency to release to the Sauthorize about me for the purpose of aiding the Suffolk the Citizens' Academy. I understand that I will not receive from these agencies. I hereby release, discharge and agrantorcement agencies, their agents and any person(s) furrexamining said documents and/or information.	Suffolk County Police Department any and all County Police Department in evaluating my ive and am not entitled to know the contents of see to hold harmless the Suffolk County Police
Signature of App		Date
Drint Nama		opy of driver's license or photo ID

Suffolk County Police Academy 502 Wicks Road Brentwood, NY 11717