



CITIZENS POLICE ACADEMY
Town of Newington, CT
Application for Admission

Personal Information

Name: _____

Address: _____ Zip Code: _____

Phone Number (Day): _____ Phone Number (Eve/Cell): _____

Date of Birth: _____ Email: _____

Driver's License # & State: _____

Work Information

Occupation: _____ Employer: _____

Employer's Address: _____

Employer's Phone Number: _____

Additional Information

On an attached piece of paper, please briefly explain why you would like to participate in the Newington Citizen's Police Academy.

Applicant's must be at least 21 years of age and live or work in the town of Newington, CT.

A criminal history check will be conducted on each applicant. The Newington Police Department reserves the right to deny entry into its Citizen's Police Academy.

Have you ever been arrested? Yes ___ No ___

Have You Ever Been Convicted Of A Crime? Yes ___ No ___

(Print Your Name)

(Your Signature)

Date: _____

**Mail this completed form to:
Officer J. DeSimone
Newington Police Department
131 Cedar Street Newington, CT 06111**