

West Hartford Police Department
Citizen's Police Academy



Academy Application

Please mail or drop off your application to the West Hartford Police Department, Attn: Community Relations
103 Raymond Rd. West Hartford CT 06107

Name of Applicant: _____ Date of Birth: _____

Email Address: _____ (Response letters are sent by email.)

Home Address: _____

Town / City: _____ Zip Code: _____

Home Phone: () _____ Cell Phone: () _____

Employed by: _____ Phone: () _____

Work Address: _____

Driver's License Number: _____ State: _____

Have you ever been arrested for a non-traffic offense? If yes, please explain: _____

AGREEMENT: I hereby certify that there are no willful misrepresentations, omissions, or falsifications in the above statements and answers to questions.

"I hereby authorize the West Hartford Police Department to secure criminal conviction history from the appropriate law enforcement agency, should the Town determine it is necessary to do so."

(Applicant)

(Date submitted)

For PD use only:

Criminal background check completed and attached: Date: _____ By: _____

SPRC _____ SPSC _____ DMV _____ MVOP _____

In-House _____

Enrollment in Academy Approved / Denied: (circle) Date: _____

By: _____

Acceptance email sent: Date: _____

By: _____