



NORTH SMITHFIELD POLICE DEPARTMENT

575 Smithfield Road North Smithfield, RI 02896
Phone 401-762-1213 Fax 401-766-9412



CITIZENS' POLICE ACADEMY APPLICATION

NAME: _____

ADDRESS _____

LIST ANY OTHER NAME(S) USED / MAIDEN:

DATE OF BIRTH: ____/____/____ PLACE OF BIRTH _____

DRIVER'S LIC. #: _____ STATE: _____

EMAIL _____ SHIRT SIZE: _____

CELL PHONE: _____ HOME PHONE # _____

EMPLOYER _____

ADDRESS _____

JOB TITLE: _____ WORK # _____

CRIMINAL HISTORY: Have you ever been arrested and convicted of a crime other than a traffic infraction? NO _____ YES _____

Please provide a copy of your operators' license.

I hereby attest to the information above to be true and if selected to attend the North Smithfield Citizens' Police Academy, I shall be of good behavior and remain in good standing.

APPLICANT SIGNATURE _____ DATE _____

Thank You for your interest in the North Smithfield Citizens' Police Academy!!!!

