



# 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!!!!