

EAST HARTFORD

POLICE DEPARTMENT



Scott M. Sansom
Chief of Police



Marcia A. Leclerc
Mayor

APPLICATION TO ATTEND THE EAST HARTFORD POLICE DEPARTMENT CITIZEN POLICE ACADEMY

Name: _____ Date of Birth: _____
Address: _____ Phone: _____
Employer: _____ Occupation: _____
Business Address: _____
e-Mail Address: _____ Driver's License #: _____

Why do you wish to attend the Citizen Police Academy? _____

How did you hear about the Citizen Police Academy? Be specific. _____

Have you ever been convicted of a crime? If so, please explain: _____

Please use reverse side of this application if additional space is needed.

SIGNATURE OF APPLICANT _____ **DATE** _____

Once your application has been accepted, you will be notified with further information. The Chief of Police reserves the right to select all participants in the East Hartford Police Department Citizen Police Academy.

(OFFICE USE ONLY) APPROVED REJECTED HOLDOVER SEAT # _____