

**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 #: \_\_\_\_\_

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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 #** \_\_\_\_\_