

PLEASE COMPLETE THE FOLLOWING

Name: _____
Address: _____ Date of birth: _____
Home #: _____ Cell #: _____ Email: _____
Driver's License #: _____ State: _____

Business Address: _____ City: _____ State: _____
Business Phone #: _____ Occupation: _____

Emergency Contact Info:

Contact Name: _____ Relationship: _____
Address: _____ Phone #: _____

Have you ever been arrested? Yes () No ()

If yes, please explain: _____

Why do you want to attend this program? What would you like to learn?

I certify that the information contained within this application is accurate and complete to the best of my knowledge. I realize that the information provided, along with a basic background check, will be used for determining my acceptance into the Gorham Police Citizen's Academy.

Signature: _____ Date: _____

Please return completed applications to:

Gorham Police Citizens Academy
270 Main Street
Gorham, ME 04038

BACKGROUND CHECK AUTHORIZATION
CITIZEN POLICE ACADEMY
2016

I (print name) _____ hereby authorize the Gorham Police Department to conduct a criminal history background investigation on me. I understand that the background investigation is being conducted due to the content and material of this academy. I understand that all available and related records could be checked and that information will be used in determining my acceptance into the Gorham Police Citizen's Academy. This information will remain confidential and used only for the purposes this academy.

Signature: _____

Date: _____

Office Use Only

Records Check Complete and Attached: _____

Applicant Approved: Yes _____ No _____

Applicant Notified: Yes _____ No _____ Date: _____