



LAUREL POLICE DEPARTMENT

811 5th Street • Laurel, Maryland 20707

David M. Crawford
Chief of Police

Citizen's Police Academy Application

1 Name _____
Last Maiden or Former Name Used First Middle

2: Social Security Number _____ Date of Birth _____

3: Home Address _____
Street Address and Apartment Number

City State Zip Code

4: Mailing Address _____
Street Address / Apartment Number / PO Box

City State Zip Code

5: Telephone – Home _____ Work _____ Cell _____

6: Driver's License Number _____ State _____ Class _____

Expiration Date: _____ License Valid _____ Yes _____ No

7: Have you ever been convicted of any felony or any misdemeanor involving violence or weapons? Yes _____ No _____

If **YES**, explain where, when and disposition of case _____



A Nationally Accredited Agency

Washington (301) 498-0092
Baltimore (410) 792-0137
Fax (301) 498-8003
TDD (301) 498-7735



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8: Place of Employment: _____

Address _____

Duties _____

9: E-Mail Address _____

10: Why do wish to attend the Citizen's Police Academy _____

I certify that all statements made on this application are true and complete. I authorize any individual, company, organization or institution to release any and all information concerning statements made by me on this application, and I do hereby release all parties and individuals connected therewith from liabilities for any damages whatsoever incurred in furnishing such information. I agree and understand that any deliberate misstatement or omission of material facts may disqualify me to attend the Citizen's Police Academy. My signature below acknowledges my understanding and agreement with material provided.

Signature

Date



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