



8 Springfield Ave.
Cranford, NJ 07016
908-272-2222

CRANFORD POLICE DEPARTMENT
CIVILIAN POLICE ACADEMY APPLICATION

Email (c-polito@cranfordnj.org) or drop off at Cranford Police Headquarters. ATT: Lt. Christopher Polito

1. Name: _____
LAST FIRST MIDDLE

2. Date of Birth: _____ Social Security #: _____

3. Address: _____
STREET ADDRESS, APT #, CITY STATE ZIP

4. Phone – Home: _____ Cell: _____

Email Address: _____

5. Drivers License Number: _____ State: _____

Expiration Date: _____ Is License Valid? YES _____ NO _____

6. Emergency Contact: _____
NAME RELATIONSHIP PHONE #

7. Have you ever been arrested? YES _____ NO _____

If yes, Please explain where, when, and the disposition: _____

8. Place of Employment: _____ Occupation: _____

Address: _____
STREET ADDRESS CITY STATE ZIP

Why are you interested in attending the Cranford Citizen Police Academy? _____

Shirt Size: _____ Small _____ Medium _____ Large _____ X-Large _____ XX-Large

I certify that all statements made on this application are true and complete. I agree and understand that any deliberate misstatements or omissions of material facts may disqualify me from attending the Citizen Police Academy. My signature below acknowledges my understanding and agreement with the material provided.

Applicant must be at least 21 years old, and reside or work within the Township of Cranford.

SIGNATURE

DATE