

LACONIA POLICE DEPARTMENT
CITIZEN ACADEMY APPLICATION FOR ENROLLMENT



PERSONAL

Name: _____

Address: _____

Home Phone: _____ Business Phone: _____

Social Security # _____

Date of Birth: _____ Driver's Lic # _____

Present Occupation: _____

Are you a resident of Laconia? Yes _____ No _____

Do you own a business in Laconia? Yes _____ No _____

Name of Business: _____

EDUCATION

High School Grad? Yes _____ No _____ GED? Yes _____ No _____

Highest Grade Completed 7 8 9 10 11 12

Name and Address of High School: _____

College Graduate? Yes_____ No _____

Degree and Major:_____

Name and Address of College Attended:_____

BACKGROUND

Have you ever been convicted of a felony or serious misdemeanor (ie. Assault, Domestic related, Theft, Drug related crime, etc.)?

Yes_____ No _____

If yes, give date and explanation:_____

Briefly explain why you wish to participate in the Laconia Police Department Citizen Academy.

REFERENCES

Person to be contacted in case of an emergency: _____

Phone # _____

Provide two references (with telephone numbers):

Name	Telephone #	Relationship
1. _____		
2. _____		

Please read the statement below before signing this application.

"I hereby certify there are no willful misrepresentations, omissions, or falsifications in the foregoing statements and answers to questions. I understand that any omission or false statements on this application shall be sufficient cause for rejection for enrollment or dismissal from the Laconia Police Department Citizen Police Academy."

"I further understand that the Laconia Police Department will be conducting a background investigation that may include, but not be limited to, any criminal history, employment history and personal references."

_____ Signature of Program Applicant	_____ Date
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