



# HOWELL TOWNSHIP POLICE DEPARTMENT

## CITIZENS POLICE ACADEMY APPLICATION

Thank you for your interest in the Howell Police Citizens Police Academy. Attached is an application for the program.

The Howell Police Citizens Police Academy is an exciting opportunity for citizens to not only learn about police work in general, but also to get an understanding of the Howell Township Police Department's responsibilities, capabilities and structure.

This course is for informational purposes only and is not a part of the application process for employment as a police officer with Howell Township Police Department.

**If accepted into the program, students are allowed two excused absences.**

**Upon a third absence, you may be removed from the program upon the discretion of the course organizers.**

### WHAT YOU NEED TO DO:

- Please COMPLETELY fill out the application and all attached forms in black or blue pen.
- Send the application via e-mail or drop off in person:

**E-MAIL:** [JStorrow@howellpolice.org](mailto:JStorrow@howellpolice.org)

**DROP OFF:** Howell Township Police Department  
ATTN: HTPD Professional Development Group  
300 Old Tavern Road  
Howell, New Jersey 07731

- You will be notified of your application's status once a complete and thorough background check has been completed.
- Any applicants that are untruthful on their application will be denied access into the program.

If you have any questions, contact the HTPD Professional Development Group @ (732) 938-4575 X2826



# HOWELL TOWNSHIP POLICE DEPARTMENT

## CITIZENS POLICE ACADEMY APPLICATION

Last Name: \_\_\_\_\_ First: \_\_\_\_\_ M.I.: \_\_\_\_\_

Date Of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Age: \_\_\_\_\_ Sex: Male Female

Social Security Number: \_\_\_\_\_ US Citizen: Yes No

Marital Status: Single Married Separated Divorced Widowed

Home Address: \_\_\_\_\_

(Number, Street, City, State, Zip)

Home Telephone #: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Cell Phone #: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

E-Mail Address: (Work): \_\_\_\_\_

E-Mail Address: (Home): \_\_\_\_\_

Present Employer: \_\_\_\_\_

Present Employer Address: \_\_\_\_\_

(Number, Street, City, State, Zip)

Occupation: \_\_\_\_\_ Work Telephone #: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Highest Level Of Education: GED High School College Other

College Degree(s) or Professional Licenses: \_\_\_\_\_

Driver License #: \_\_\_\_\_

Is Your Driver's License Currently Suspended or Revoked in New Jersey or another state? **YES NO**

Have you ever been arrested for, charged with or convicted of an indictable crime, disorderly person, or city or township ordinance violation? **YES NO**

If yes, provide details of event, date and disposition: \_\_\_\_\_

List any civic organizations, activities, or groups you belong to: \_\_\_\_\_

Where/how did you hear of the Howell Police Citizens Academy?: \_\_\_\_\_



# HOWELL TOWNSHIP POLICE DEPARTMENT

## CERTIFICATION

I certify that all of the statements made in this application are true, complete and correct to the best of my knowledge and belief, and are made in good faith. I am aware that any misrepresentation of any information supplied by me will result in my disqualification from attending the Howell Police Citizen Police Academy Class.

I also understand that any criminal record will preclude me from participating in the Citizen Police Academy Class.

Further, I hereby authorize the Howell Police Department to verify any and all information contained herein and to review any employment, education, criminal history, motor vehicle record, and other records and information from any source as noted in this duly executed authorization and release form.

I have read this Certification and I understand and agree to the conditions imposed herein.

Date: \_\_\_\_\_

Print Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Witness: \_\_\_\_\_

---

(FOR OFFICE USE)

CLASS NUMBER: \_\_\_\_\_ RECEIVED: \_\_\_\_\_

RANKING: \_\_\_\_\_

CRIMINAL HISTORY:    APPROVED    REJECTED

MOTOR VEHICLE:    APPROVED    REJECTED

PIN: \_\_\_\_\_