

# SOUTHAMPTON TOWN POLICE DEPARTMENT CIVILIAN ACADEMY APPLICATION



Date of Application: \_\_\_\_\_

Name (Last, First, Middle): \_\_\_\_\_ Maiden Name/ AKA: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Social Security Number: \_\_\_\_\_ Gender: Male or FEMALE (circle one)

Driver's License #: \_\_\_\_\_ Expiration Date: \_\_\_\_\_ State: \_\_\_\_\_

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

State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

**\*\*\*Please indicate best number to reach you\*\*\***

Email: \_\_\_\_\_ Referred By: \_\_\_\_\_

Community Organization(s) Associated with: \_\_\_\_\_

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## PRESENT EMPLOYER

Name of Company: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Type of Work: \_\_\_\_\_ Employed Since: \_\_\_\_\_

**Do you have any past arrests, convictions, or pending court cases? (Circle one)** YES NO

If Yes:

Date: \_\_\_\_\_ Agency Name: \_\_\_\_\_ Charge: \_\_\_\_\_ Disposition: \_\_\_\_\_

## BACKGROUND/CRIMINAL CHECK AUTHORIZATION

I understand that a criminal background and warrant check will be conducted by the Southampton Town Police Department any and all information which said agencies have about me for the purpose of aiding the Southampton Town Police Department in evaluating my eligibility for participation in the Citizens Academy. I understand that I will not receive and am not entitled to know the contents of the confidential reports received from these agencies. I hereby release, discharge and agree to hold harmless the Southampton Town Police Department, associated law enforcement agencies, their agent and any person(s) furnishing information from any and all liability arising out of furnishing and examining said documents and/or information.

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

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

**PLEASE ATTACH PHOTOCOPY OF DRIVERS LICENSE OR PHOTO ID AND MAIL YOUR COMPLETED APPLICATION TO:**

SOUTHAMPTON TOWN POLICE DEPARTMENT  
110 OLD RIVERHEAD ROAD, HAMPTON BAYS, NY 11946  
ATTN: LT SUSAN RALPH  
(631)702-2247