



ALLENTOWN POLICE ACADEMY



ACT #120 APPLICATION POLICE PERSONNEL

Name: _____ Gender: _____

Address: _____

City/State/Zip: _____

Home Phone #: _____ Cell Phone #: _____

Social Security #: _____ Date Of Birth: _____

Place of Birth: _____

Other Languages Spoken: _____ First Language, if other than English: _____

Email Address: _____ Marital Status: _____

Are You On A Computer Social Network? Is So, Please List: _____

Drivers License #: _____ State License Issued: _____ Height: _____ Weight: _____

Citizenship: Us __ Dual __ Please Specify Other Country of Citizenship: _____

Have You Ever Been Arrested, Convicted, or Plead Guilty For Any Summary, Misdemeanor, or Felony Offense? Yes or No If Yes, Explain On Reverse Side.

Have You Ever Been Cited Or Convicted For Any Traffic Offenses? Yes or No If Yes, Explain On Reverse Side. Please List Specific Dates And Locations.

Current Employer: _____

Chief Name: _____

Phone number: _____

Address: _____

Medical Coverage (Company & Policy #): _____

Education:

List all Colleges/Universities/Technical schools at which you have taken courses:

Name of College/University/Tech School Location (City, State) Dates Attended Degree/Certification

Number of credits earned: _____

High School: _____ Location (City, State) _____

Dates Attended: _____ Graduation Date: _____ GED – Year Obtained: _____

Military Service:

Branch _____ Dates Served _____ Rank _____

Are you a Member of a Reserve Unit? Yes or No

Alternate Contact Info – List two contacts:

Name: _____ Relationship: _____

Address: _____

Phone: _____ Email: _____

Name: _____ Relationship: _____

Address: _____

Phone: _____ Email: _____

In case of emergency whom should we contact? _____

Expected Physical Activities:

Running 2-5 miles 3-5 days per week; circuit training at least 2 days per week; bench press your body weight; 40 sit-ups in 1 minute; 5 pull ups and 50 push ups. Firearms training – eye/hand coordination to safely handle a firearm. Signature on attached release is certification you can perform expected activities.

Agreement:

I promise, upon being accepted as a student in this training program to abide by the rules of the Police Academy and I agree to dismissal if found guilty of disobedience or improper conduct.

All information submitted on this application is true and correct to the best of my knowledge.

SIGNATURE OF APPLICANT: _____ **DATE:** _____

PRINT NAME: _____

RETURN COMPLETE PACKET TO: Allentown Police Academy, 2110 Park Dr., Allentown, PA 18103-9604

APPLICATION PACKET MUST INCLUDE:

- Application form
- Release and Indemnification Agreement form

For Office Use Only:

Date Received: _____