

CICERO POLICE DEPARTMENT CICERO CITIZENS POLICE ACADEMY

COURSE APPLICATION

COURSE SCHEDULE: **WEEKLY, EVERY TUESDAY FROM 6:00 PM UNTIL 9:00 PM**

COURSE STARTS: **TUESDAY, SEPTEMBER 6, 2022**

COURSE LOCATION: **Cicero Police Department located at 6200 State Route 31 Cicero NY 13039**

The Cicero Citizens Police Academy is designed to allow the citizens of Cicero to gain a realistic view of their Police Department and the Criminal Justice System. It is anticipated that the insight gained by participating in this program will be both enjoyable and informative. The following information is required to process your application, along with a $25.00 registration fee, cash or check payable to CCPA-AA. Please complete both pages/sides of this application from.

(PLEASE PRINT)

NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

LAST NAME FIRST NAME MIDDLE NAME

ADDRESS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ CITY: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ STATE:\_\_\_\_ZIP: \_\_\_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ PLACE OF BIRTH: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

E-MAIL ADDRESS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PHONE NUMBERS: HOME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ WORK: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ CELL: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

OCCUPATION: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

DRIVER’S LICENSE NUMBER: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

IF STUDENT, NAME OF SCHOOL ATTENDING: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PERSON TO NOTIFY IN CASE OF EMERGENCY: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PHONE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ADDRESS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

DO YOU HAVE ANY MEDICAL CONDITIONS THAT MIGHT AFFECT YOUR ABILITY TO PARTICIPATE IN THIS PROGRAM? [ ] YES [ ] NO

IF YES, PLEASE EXPLAIN: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

YOUR SIGNATURE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**PLEASE DROP OFF, MAIL, OR FAX TO: CICERO POLICE DEPARTMENT, 6200 US RT31, CICERO, N.Y. 13039**

**FAX: 315-699-8128 PHONE: 315-699-3677 EXT 257**

Cicero Police Department

Records Division

6200 US RT31

Cicero, NY 13039

Criminal History Records Check

REQUESTING AGENCY: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

NAME:

LAST FIRST MIDDLE

ADDRESS:

DATE OF BIRTH: SOCIAL SECURITY NUMBER:

DRIVERS LICENSE NUMBER:

It is understood that this search of Cicero and associated police records may or may not include information from other police agencies. The authorizing party hereby agrees to indemnify and save harmless the Town of Cicero Police Department, its officers and employees from and against any and all claims, demands, actions, suits and proceedings by others against all liability to others, including but not limited to any liability for damages by reason of or arising out of any cause or action whatsoever, and against any loss, expense or damages resulting there from, arising from or involving any negligence on the part of the authorizing party in the execution of this criminal history records check.

SIGNATURE: DATE:

***\*\*DO NOT WRITE BELOW THIS LINE – DEPARTMENT USE ONLY\*\****

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VALID DRIVERS LICENSE: YES: NO: CLASS:

SUSPENDED: YES: REASON:

REVOKED: YES: NO:

ENDORSMENTS: YES: NO:

CHARGE: YEAR:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

CRIMINAL HISTORY: YES: NO:

CHARGE: SECTION: DATE:

SIGNATURE OF RECORDS CLERK / OFFICER: DATE:

rev 07-06-2022