



Your title or job description:

List two immediate family members or close friends that can be contacted in the event of an emergency:

Name:	Relationship:
Address:	Telephone: (     )
Name:	Relationship:
Address:	Telephone: (     )

Personal References:

Name:	Relationship:
Address:	Telephone: (     )
Name:	Relationship:
Address:	Telephone: (     )

How did you learn about the Citizen's Police Academy?

*"I hereby certify that 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 in or dismissal from the Horsham and Hatboro Police Departments' Citizen's Police Academy.*

*I further understand that the Horsham and Hatboro Police Departments will be conducting a thorough background investigation that may include, but is not limited to, any criminal history, employment history and personal references."*

Applicant's Signature \_\_\_\_\_ Date: \_\_\_\_\_

RETURN COMPLETED FORM TO:	Horsham Township Police Department 1025 Horsham Road Horsham, PA 19044 ATTN: Captt. Jon M. Clark (Ret.) 215-643-8284	Hatboro Police Department 120 E. Montgomery Avenue Hatboro, PA 19040 ATTN: Sgt. Andrew Valleley 215-675-2832
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**CPA STAFF USE ONLY:**

Reviewed by:	Date:
Approved:	Rejected: