



# HOLMDEL TOWNSHIP POLICE DEPARTMENT

## CITIZENS POLICE ACADEMY APPLICATION

Thank you for your interest in the Holmdel Township Citizens Police Academy. The Holmdel Township Citizens Police Academy is an exciting opportunity for residents and our Officers to establish a relationship and shed insight into how the Police Department operates and gives a greater understanding of our agencies 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 Holmdel 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:** [mpigott@holmdelpolice.org](mailto:mpigott@holmdelpolice.org)

**DROP OFF:** Holmdel Township Police Department

ATTN: Lt. Michael Pigott  
4 Crawford's Corner Road  
Holmdel New Jersey 07733

- 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 Lt. Michael Pigott at 732-946-4400



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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 Holmdel Police Citizens Academy?: \_\_\_\_\_



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## 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 Holmdel Township Police Citizen 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 Holmdel Township 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: \_\_\_\_\_

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(FOR OFFICE USE)

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

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

CRIMINAL HISTORY:    APPROVED    REJECTED

MOTOR VEHICLE:      APPROVED    REJECTED