



Suffolk County Police Department Civilian Academy Application



Date of Application: _____ Home Precinct of Candidate: _____

Name (Last/First/Middle): _____

Maiden Name/AKA: _____

Date of Birth: ____ / ____ / ____ Social Security Number: ____ - ____ - ____ Sex: M F (Circle one)

Drivers License #: _____ Expiration Date: ____ / ____ / ____ State Issued: _____

Home Address: _____ E-Mail _____

City: _____ State: _____ Zip: _____

() _____ () _____ () _____
Home Phone Work Phone Cell Phone

Referred by: _____

Community Organization(s) Associated With: _____

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? Yes No

If Yes, list Date, Agency Name (e.g., Southampton Town PD, Suffolk Co. PD, etc.), Charge & Disposition below.

Include all misdemeanors and felonies. You do not have to include infractions –example traffic tickets.

<u>Date</u>	<u>Agency Name</u>	<u>Charge</u>	<u>Disposition</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Background/Criminal Check Authorization

I understand that a criminal background and warrant check will be conducted by the Suffolk County Police Department as part of the application process. I hereby authorize any law enforcement agency to release to the Suffolk County Police Department any and all information which said agencies have about me for the purpose of aiding the Suffolk County Police Department in evaluating my eligibility for participation in the Civilian Academy. I understand that I will not receive and am not entitled to know the contents of confidential reports received from these agencies. I hereby release, discharge and agree to hold harmless the Suffolk County Police Department, associated law enforcement agencies, their agents 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

**Attach photocopy of driver's license or photo ID
and mail your completed application to:**

Suffolk County Police Academy

502 Wicks Road

Brentwood, NY 11717

*Att : PO Savino Academy Training Section – Civilian Academy
mitch.savino@suffolkcountyny.gov (631) 853-7064*

Fax (631) 853-7019