PITTSBURGH BUREAU OF POLICE CITIZENS POLICE ACADEMY APPLICATION

(Please type or print in ink.)		
NAME:		
Last	First	Middle
ADDRESS:		
	E-MAIL ADDRESS	S
NEIGHBORHOOD IN WHIC	H YOU LIVE:	
TELEPHONE: (Home)	Work/Other)	
DATE OF BIRTH:	SOCIAL SECUI	RITY #
SEX: RAC	CE:	
EDUCATIONAL BACKGRO	UND (Please circle) High S	chool - Diploma - GED
COLLEGE NAME:	DEGRI	EE RECEIVED:
OCCUPATION:	EMPLO	OYER:
Organizations you are a member of	of (Civic clubs, community org	ganizations, blockwatch, etc.)
WHY DO YOU WISH TO AT	TEND POLICE ACADEM	Υ?
HAVE YOU EVER BEEN ARRI If yes, explain:		
I give my permission to the Pit to conduct a background chec		
Signature	Date	

AUTHORIZATION FOR RELEASE OF INFORMATION		
I,		
employers, Partnerships, corporations, and all civilian and government entities, military		
agencies, law enforcement agencies, private, City, County, State and Federal entities to		
release, furnish and exchange any and all available information relating to me for the		
purpose of determining my suitability to be appointed as a member of the Citizen Police		
Academy. This includes, but is not limited to, all information related to my character,		
integrity, reputation, conduct and behavior. This authorizes release to the Pittsburgh		
Bureau of Police.		
This release is in addition to, and intended to curtail or diminish, the authorization and		
immunity provided by statute. I DO HEREBY RELEASE from any and all liability, all		
persons or entities disclosing information pursuant to this release.		
Signature of Applicant: Date:		
Signature of Witness Date:		

Please return both pages of the application to:

PITTSBURGH BUREAU OF POLICE CITIZENS POLICE ACADEMY ATTN: SGT. ERIC KROLL 1395 WASHINGTON BOULEVARD PITTSBURGH, PA 15206 (412)665-3600