PITTSBURGH BUREAU OF POLICE
CITIZENS POLICE ACADEMY
FALL 2020 APPLICATION
MUST BE RECEIVED BY SATURDAY, SEPTMBER 19, 2020

(Please type or print in ink.)

NAME: _____
Last First Middle

ADDRESS: _____

_____ E-MAIL ADDRESS_____

NEIGHBORHOOD IN WHICH YOU LIVE: _____

TELEPHONE: (Home) _____ (Work/Other) _____

DATE OF BIRTH: _____ SOCIAL SECURITY # _____

SEX: _____ RACE: _____

EDUCATIONAL BACKGROUND (Please circle) GED – High School Diploma
College Degree – Graduate Study

COLLEGE NAME: _____ DEGREE RECEIVED:_____

OCCUPATION: _____ EMPLOYER: _____

ORGANIZATIONS YOU ARE A MEMBER OF (CIVIC CLUBS, COMMUNITY ORGANIZATIONS, BLOCK WATCH, SCHOOL, PLACES OF WORSHIP, FRTERNAL CLUBS,ETC.)

_____

_____

WHY DO YOU WISH TO ATTEND POLICE ACADEMY?

_____

_____

Signature _____ Date: _____

Please return this application to:

PITTSBURGH BUREAU OF POLICE CITIZENS POLICE ACADEMY
ATTN: JOHN TOKARSKI
SUITE 451 CITY-COUNTY BUILDING
PITTSBURGH, PA 15219