



BLOOMFIELD POLICE DEPARTMENT
CITIZEN ACADEMY



Application

Last Name: _____ First: _____ MI: _____

Address: _____ City: _____

Home Phone #: _____ Cell #: _____

Email address: _____

Social Security # _____ - _____ - _____ NJ Drivers License # _____

Sex: _____ Race: _____ Date of Birth: _____

Have you ever been arrested? YES _____ NO _____

If yes, you must fax the following information to the Community Policing Unit at 973-680-4102 (or email Sgt. Zepeda at nzepeda@bloomfieldnjpg.com) in order to be considered for the academy. A statement explaining the situation, a copy of the arrest form, showing clearly the arresting agency, their case number and the charges, and a copy of the court documents showing the outcome of the charges.

Emergency contact _____ Relationship _____

Emergency contact phone number _____

By submitting this application, you understand that a background investigation will be conducted upon submission of this application. Any criminal convictions, any previous actions which could reflect unfavorably on the Bloomfield Police Department, any suggestion that you may be a security risk, or any attempt to deceive or conceal pertinent information will be cause for denial of this application.

Signature _____ Date _____

THIS IS NOT AN APPLICATION TO BECOME A POLICE OFFICER

All applications must be completed and returned by February 15, 2016