

**NEW CANAAN POLICE DEPARTMENT
2023 CIVILIAN POLICE ACADEMY
BACKGROUND HISTORY SHEET**

PLEASE *PRINT* IN *INK* ALL INFORMATION REQUESTED

NAME: _____ DATE: _____

PLEASE LIST ALL NAMES YOU HAVE USED: (MAIDEN, MARRIAGE, ETC.)

1. _____ 2. _____ 3. _____

ADDRESS: _____ CITY/STATE/ZIP: _____

EMPLOYER: _____ E-MAIL: _____

HOME PH: _____ WORK PH: _____ CELL PH: _____

D.O.B.: _____ SEX: M ___ F ___ RACE: _____ MARITAL STATUS: _____

DRIVERS LICENSE: STATE: _____ #: _____

EMERGENCY CONTACT #: _____

PH: _____ RELATIONSHIP? _____

Classes will be held every Tuesday, March 28th—June 6th, 2023, 6:00 P.M.-8:00 P.M. Please be sure you can make the commitment to attend the entire 11 weeks before you apply.

Have you ever taken any other Civilian Academies? If yes, where?

Why are you interested in the Civilian Police Academy?

How did you hear about the New Canaan Police Department Civilian Police Academy?

You must include a copy of your driver's license with your application and complete the questionnaire on Page 2

RETURN TO:

Sgt. Brian Mitchell
New Canaan Police Department
174 South Avenue
New Canaan, CT 06840
Office: 203-594-3506
Fax: 203-594-3551
E-Mail: brian.mitchell@newcanaanct.gov

OFFICE USE ONLY: DL #: _____ DL VALID: _____ INVALID: _____ Background Check Completed _____

Applications must be received by the Police Department no later than March 10th, 2023

1. Have you ever been arrested, anywhere, for a felony or misdemeanor? YES NO

2. If the answer to #1 is yes, provide details. If not, proceed to question #3.

3. Have you ever had any contact with the New Canaan Police Department? If so, was your experience positive or negative?

4. Have you applied for any previous CPA and not been accepted? YES NO

When/Where? _____

5. If you are not selected or available to attend this session of the Academy, would you be interested in attending a future session? YES NO

Please review your answers and read the statement below before signing your application.

I hereby certify that there are no willful misrepresentations, omissions, or falsifications in the foregoing statement and answers to questions. I understand that any omission or false statement on this application shall be sufficient cause for rejection of enrollment or dismissal from the New Canaan Police Department's Civilian Police Academy. I understand that participation in this program is not to train citizens to be police officers. Rather, the goal and purpose of this program is to educate citizens regarding the purpose, rationale and context of police procedures. I acknowledge that as part of acceptance to this program, I will be required to attend at least 10 of the 11 classes. Failure to attend may be cause for dismissal from graduating. I will abide by all rules and regulations set forth by the New Canaan Police Department and the Town of New Canaan. I will provide my own transportation when required. I further understand that the New Canaan Police Department will be conducting a background investigation. I acknowledge that the New Canaan Police Department reserves the right to deny or remove any applicant for past or current activities that may be detrimental to the program or its attendees.

Applicant Signature: _____ Date: _____