



**WHITEMARSH TOWNSHIP
POLICE DEPARTMENT**

616 GERMANTOWN PIKE
LAFAYETTE HILL, PA 19444-1821

BUSINESS: 610-825-6530 • FAX: 610-825-5078

Chief of Police
T. Michael Beaty

**WHITEMARSH POLICE DEPARTMENT
CITIZEN POLICE ACADEMY**

Application for Enrollment

Name (Print clearly or type)

Place of Employment

Address

Business Address

City, State, Zip Code

City, State, Zip Code

Home Phone

Work Phone

E mail address: _____

If less than two years at present address, please list your previous address:

Profession: _____

DOB _____ Male _____ Female _____ DL# _____ State _____

EVER BEEN ARRESTED YES _____ NO _____

IF YES, WHAT OFFENSE _____

PLEASE READ AND SIGN:

I understand that prior to acceptance, applicants will be investigated for prior criminal offenses. A prior conviction will not automatically disqualify an applicant. The facts set forth in my application are true and correct. The Whitemarsh Township Police Department is hereby authorized to make any investigation of my personal history deemed necessary for consideration of entry to the Citizen Police Academy.

Applicant Signature

Date

**Mail or fax completed application to
the Whitemarsh Police Department
at the above listed address/fax #.**

Applicant Approved By:

Date