## PITTSBURGH BUREAU OF POLICE CITIZENS POLICE ACADEMY SPRING 2019 APPLICATION

(Please type or print in ink.)		
NAME:		
Last	First	Middle
ADDRESS:		
	E-MAIL ADDRE	ESS
NEIGHBORHOOD IN WHICH	YOU LIVE:	
TELEPHONE: (Home)	(W	ork/Other)
DATE OF BIRTH:	SOCIAL SEC	CURITY #
SEX: RACE	:	_
EDUCATIONAL BACKGROU		ED – High School Diploma - ollege Degree – Graduate Study
COLLEGE NAME:	DEC	GREE RECEIVED:
OCCUPATION:	EMI	PLOYER:
Organizations you are a member of	•	•
WHY DO YOU WISH TO ATT	END POLICE ACADI	EMY?
HAVE YOU EVER BEEN ARRES If yes, explain:		CTED OF A CRIME?
I give my permission to the Pitts to conduct a background check.		Public Safety, Bureau of Police,
Signature	D	ate·

## AUTHORIZATION FOR RELEASE OF INFORMATION (Please Print Clearly)

Please return this application to:

PITTSBURGH BUREAU OF POLICE CITIZENS POLICE ACADEMY ATTN: SGT ERIC KROLL 900 N. LINCOLN AVE PITTSBURGH, PA 15233 412-323-7869 X-209 eric.kroll@pittsburghpa.gov