



# Tolland Resident State Trooper's Office



## APPLICATION TO ATTEND THE TOLLAND RESIDENT STATE TROOPER'S CITIZEN POLICE ACADEMY

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address \_\_\_\_\_ Phone: \_\_\_\_\_

Employer: \_\_\_\_\_ Occupation: \_\_\_\_\_

Business Address: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_ Driver's License #: \_\_\_\_\_

Why do you wish to attend the Citizen Police Academy? \_\_\_\_\_

How did you hear about the Citizen Police Academy? Please be specific. \_\_\_\_\_

Have you ever been convicted of a crime? If so, please *explain*. \_\_\_\_\_

*Please use reverse side of this application if additional space is needed.*

**SIGNATURE OF APPLICANT:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

All applicants must be age 18 or over and a Tolland Resident. Once your application has been accepted, you will be notified with further information. The Resident State Trooper reserves the right to select all participants in the Tolland Resident State Trooper's Office Citizen Police Academy.

**(OFFICE USE ONLY)**      **APPROVED**      **REJECTED**      **HOLDOVER**      **SEAT #** \_\_\_\_\_