

Salem Police Department Citizen Police Academy
Application for Admission

Name: _____
(Last name) (First name) (Middle name)

Home
Address: _____
(Street)

City/Town
(if not Salem): _____
(City/Town) (State) (Zip)

Telephone Number: _____
(Home) (Cellular)

Occupation: _____

Email: _____

Have you ever been arrested? YES NO
If yes, please provide date, location and court disposition.

Briefly explain why you are interested in the Citizen's Police Academy.

I certify the above is true and correct to the best of my knowledge. I also understand that completion of this application does not guarantee me a position in the Citizen's Police Academy.

(Signature) (Date)

Please Submit Completed Application to:
Salem Police Department (CPA)
9 Veteran's Memorial Parkway
Salem, NH 03079
Attn: Off. Brian Lawrence