



City of Newton Police Department

Citizens Police Academy Registration Form – Please return by April 4

To apply to the Newton Citizens Police Academy, please complete this form and email to mbeal@newtonnc.gov.

Full name: _____

Social Security number: _____ Date of birth: _____

Place of birth: _____

Current mailing address: _____

Home phone: _____ Work phone: _____

Citizenship (mark one): United States

Naturalized

Other

Driver's license number: _____ State: _____

Do you have Law Enforcement experience? Yes No

Current occupation: _____

Please explain in one paragraph your reason for attending the Newton Citizens Police Academy:

I understand a criminal background check will be completed on academy candidates. I give the Newton Police Department permission to conduct a standard background check of my person.

Candidate signature: _____ Date: _____



**City of Newton Police Department
Citizens Police Academy Emergency Contacts**

CANDIDATE

Full name: _____

Address: _____

Home phone: _____

Cell phone: _____

Email address: _____

SPOUSE

Full name: _____

Work phone: _____

Cell phone: _____

EMERGENCY CONTACT (OTHER THAN SPOUSE)

Full name: _____

Address: _____

Home phone: _____

Other phone: _____

Candidate signature: _____ Date: _____