



**TOWNSHIP OF ROBINSON POLICE DEPARTMENT
CITIZENS POLICE ACADEMY APPLICATION**

Please type or print in ink

Name _____
Last First Middle

Address _____

_____ Email _____

Telephone (Home) _____ Cell _____ Work _____

Date of Birth _____ Social Security# _____

Sex _____ Race _____

Educational background (Please Circle) High School -- Diploma -- GED

COLLEGE NAME: _____ DEGREE RECEIVED: _____

OCCUPATION: _____ EMPLOYER: _____

Organizations you are a member of (Civic clubs, community organizations, block watch, etc.)

Why do you wish to attend Police academy?

Have you ever been arrested and/or convicted of a crime?

If yes explain: _____

I GIVE MY PERMISSION TO THE TOWNSHIP OF ROBINSON POLICE DEPARTMENT TO CONDUCT A
BACKGROUND CHECK TO DETERMINE IF I HAVE A CRIMINAL RECORD.

Signature _____ Date _____

AUTHORIZATION FOR RELEASE OF INFORMATION

I, _____ **DO HEREBY AUTHORIZE** any and all persons, employers, Partnerships, corporations and all civilians and government entities, military agencies, law enforcement, private, City, County, State and Federal entities to release, furnish and exchange any and all available information relating to me for the purpose of determining my suitability to be appointed to a member of the Citizen Police Academy. This includes, but is not limited to, all information related to my character, integrity, reputation, conduct and behavior. This authorizes release to the Township of Robinson Police Department.

This release is in addition to, and intended to curtail or diminish, the authorization and immunity provided by statute. I **DO HEREBY RELEASE** from any and all liability, all persons or entities disclosing information pursuant to this release.

Signature of Applicant: _____ Date _____

Signature of Witness _____ Date _____

PLEASE RETURN BOTH PAGES OF THE APPLICATION TO:

Township of Robinson Police Department
Attn: Officer Joseph Tomko
1000 Church Hill Road
Pittsburgh PA 15205-9006
412.788.8115 X 627