



West Warwick Police Department

1162 Main Street, West Warwick, RI 02893-4829

Phone: (401) 821-4323 Fax (401) 822-4898



Colonel Richard G. Silva
Chief of Police

APPLICATION FOR WEST WARWICK POLICE DEPARTMENT'S CITIZENS POLICE ACADEMY

Name: _____
Last First Middle (Maiden Name)

Address: _____
Street/Apt # Town State Zip

Phone: Home: _____ Work : _____ Cell: _____

Social Security Number (last four only): _____ Date of Birth: _____

Drivers License: State: _____ Number: _____ Expires: _____

License Currently Valid? Yes No Sex: Male or Female

Have you ever been charged with a crime? Yes No

Employer: _____

Address: _____
Street/Apt. # Town State Zip

Job Title/Duties Performed: _____

What do you expect to get out of the academy? _____

"Courage ~ Sacrifice ~ Devotion"

NAME _____

Please provide the names and phone numbers of two (2) character references:

1. _____
2. _____

I affirm that the information on this application is true and complete to the best of knowledge. I understand that deliberate false statements or the withholding of information may make me ineligible to be considered as a Citizens Police Academy applicant. I understand the police department reserves the right to disqualify anyone convicted of a felony or certain misdemeanors from participation in the academy. I give the West Warwick Police Department permission to conduct any background investigation they deem necessary on me as part of the processing of this application, and to use any information obtained in accordance with the policies of the West Warwick Police Department.

Applicant's Signature: _____ Date: _____

Return this application promptly to:

**Lt. John Malloy
West Warwick Police Department
Citizens Police Academy
1162 Main St.
West Warwick, RI 02893
jmalloy@westwarwickri.org**