

# Randolph Police Department

41 South Main Street  
 Randolph, MA 02368  
 (781) 963-1212 Phone  
 (781) 961-0968 Fax



## Citizen's Police Academy Application

|   |                |                  |                     |                   |
|---|----------------|------------------|---------------------|-------------------|
| Legal Name (Last, First, Middle)  |                | DOB              | Sex                 | Social Security # |
| Street Address, City, State & Zip Code  |                |                  |                     |                   |
| Home Phone  |                | Cell Phone       |                     |                   |
| Email Address   |                |                  | Date of Application |                   |
| Mother's Name (Include Maiden)  |                | Father's Name    |                     |                   |
| Do you possess any of the following Licenses/Certifications? <ul style="list-style-type: none"> <li><input type="checkbox"/> Emergency Medical Technician</li> <li><input type="checkbox"/> License to Carry Firearms</li> <li><input type="checkbox"/> Firearms Safety Course</li> <li><input type="checkbox"/> Firearms ID Card</li> <li><input type="checkbox"/> Pepper Spray ID</li> <li><input type="checkbox"/> CPR</li> </ul>  |                |                  |                     |                   |
| I understand that personnel from the Randolph Police Department, as a part of a background investigation, will be conducting a criminal record inquiry through the Board of Probation. By signing below, I authorize personnel from the Randolph Police Department to conduct this criminal record check for the purposes of admission to the Randolph Citizen's Police Academy. The results of this background check MAY result in my exclusion from participation in the Academy. All matters which may arise from the background check will be handled in a case by case manner. |                |                  |                     |                   |
| Signature   |                | Date             |                     |                   |
| To be completed by Authorized Personnel Only:   |                |                  |                     |                   |
| Received By:  | Date Received: | Accepted:<br>Y N | Academy Class:      |                   |