



MUNICIPAL POLICE OFFICERS' TRAINING ACADEMY ADMISSIONS APPLICATION

Please complete all sections of this application. Type or print clearly. Enclose a \$35 non-refundable application fee (check or money order) made payable to Lackawanna College Police Academy.

NOTE: All paperwork submitted becomes the property of Lackawanna College Police Academy and cannot be returned to the applicant. Admission standards and policies are free from discrimination on the grounds of race, creed, color, religion, national origin, age, or sex.

TODAY'S DATE: _____

SOCIAL SECURITY # _____ - _____ - _____

GENDER: Male Female

DATE OF BIRTH: _____

HEIGHT: _____

WEIGHT: _____

EYE COLOR: _____

HAIR COLOR: _____

FULL NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

COUNTY: _____

EMAIL: _____

PHONE: _____ CELL: _____

What is your Race/Ethnicity?

American Indian or Alaskan Native

Asia or Pacific Islander

Black Non-Hispanic

Hispanic

White Non-Hispanic

Race/Ethnicity Unknown

Are you a U.S. Citizen? Citizenship is a requirement.

Yes

No

Are you sponsored by a police department for this program?

Yes

No

If yes, which department? _____

I AM APPLYING TO:

| SCRANTON CAMPUS | HAZLETON CENTER |
|--|---|
| <input type="checkbox"/> March Full Time | <input type="checkbox"/> January Full Time |
| <input type="checkbox"/> September Full Time | <input type="checkbox"/> July Full Time |
| <input type="checkbox"/> May Part Time | <input type="checkbox"/> November Part Time |
| <input type="checkbox"/> Housing (available in Scranton only) | |
| <i>*Specific start dates will be included with the Police Academy packet.*</i> | |

EMPLOYMENT HISTORY. Please list any employer for the last five years with most recent position listed first.

| <u>DATES</u> | <u>EMPLOYER</u> | <u>CITY</u> | <u>REASON FOR LEAVING</u> |
|--------------|-----------------|-------------|---------------------------|
| | | | |
| | | | |
| | | | |
| | | | |

| EMERGENCY INFORMATION. <u>NAME</u> | <u>RELATIONSHIP</u> | <u>PHONE NUMBER</u> |
|---|---------------------|---------------------|
| | | |
| | | |

In time of an emergency, I hereby authorize and direct Lackawanna College Police Academy to send me to the hospital or physician most readily accessible to obtain necessary emergency care.

INITIAL: _____

Have you ever been arrested or charged with an offense?

| <u>DATES</u> | <u>LOCATION</u> | <u>CHARGES</u> | <u>DISPOSITION</u> (i.e. guilty, not guilty) |
|--------------|-----------------|----------------|--|
| | | | |
| | | | |

Have you applied to any other police academy prior to this application? Yes No

If yes, have you undergone a psychological evaluation in the 12-month period prior to this application? Yes No

Are you a high school graduate or will you graduate soon? Yes No

High School Name: _____ Graduation Date: _____ / _____ / _____

If you didn't finish high school, do you have a GED? Yes. Date Finished: _____ / _____ / _____ No

Are you a U.S. Military Veteran? Yes No

Branch of Service: _____

National Guard of Reserve Affiliation: _____

Do you plan to use your veteran's education benefits? Yes. *Discharge papers (DD214) must be provided.* No

How did you learn about Lackawanna College Police Academy?

I understand that Lackawanna College Police Academy reserves the right to refuse admission to any applicant who, in the College's judgment, is not qualified on grounds other than race, color, national origin, sex, sexual orientation, disability, age, religion, ancestry, union membership, or any other legally protected classification. The Academy reserves the right to withdraw or dismiss any cadet for failure to meet financial obligations or adhere to the policies and requirements of the Municipal Police Officers' Education and Training Commission or Lackawanna College Police Academy. I certify that the information appearing on this application is true and correct to the best of my knowledge and belief.

DATE: _____ **SIGNATURE OF APPLICANT:** _____