



BRIDGEWATER POLICE DEPARTMENT
Citizens Police Academy Application Form



NAME: L: _____ F: _____ MI: _____

ADDRESS: _____

EMAIL: _____

PHONE: H#: _____ W#: _____ Cell#: _____

DATE OF BIRTH: _____ AGE: _____ SS#: _____

DRIVER'S LICENSE NUMBER: _____

HAVE YOU EVER BEEN KNOWN BY ANY OTHER NAME? Yes or No

IF YES, WHAT NAME(S): _____

CURRENT OCCUPATION: _____

PREVIOUS OCCUPATION: _____

CURRENT & PREVIOUS EMPLOYER(S): _____

PREVIOUS ADDRESS(S): _____

HAVE YOU EVER LIVED IN ANY OTHER STATE? Yes or No

IF YES, WHERE AND HOW LOG? _____

REASON(S) FOR ATTENDING THE CITIZENS POLICE ACADEMY: _____

DO YOU KNOW ANYONE INVOLVED IN LAW ENFORCEMENT? Yes or No

IF YES, WHO AND WHERE ARE THEY EMPLOYED? _____

HAVE YOU EVER HAD ANY CONTACT WITH A MEMBER OF THE BRIDGEWATER POLICE DEPARTMENT, OR ANY OTHER LOCAL, STATE OR FEDERAL AGENCY FOR ANY REASON INCLUDING A TRAFFIC STOP, TO REPORT CRIMINAL ACTIVITY, CALL FOR ASSISTANCE, ETC? Yes or No

IF YES, PLEASE EXPLAIN: _____

HAVE YOU EVER BEEN CONVICTED OF A CRIME? (Felony or Misdemeanor)
Yes or No

IF YES, FOR WHAT CRIME, WHERE, AND WHEN: _____

HAVE YOU EVER BEEN ARRESTED, CHARGED, OR BEEN A SUSPECT IN A CRIME?
Yes or No

IF YES, FOR WHAT CRIME OR INCIDENT, WHERE AND WHEN?: _____

HAVE YOU EVER BEEN TAKEN INTO CUSTODY BY A LAW ENFORCEMENT OFFICER FOR ANY REASON? Yes or No

IF YES, FOR WHAT REASON, WHERE AND WHEN? _____

SIGNATURE: _____ DATE: _____

Please return completed application form to:

Sgt. Thomas LaGrasta
BRIDGEWATER POLICE DEPARTMENT
220 Pleasant Street
Bridgewater, MA 02324