



**Hamilton Township Police Department &
Village of Maineville Police Department**
Citizens Police Academy Application



Name: _____

Address: _____

Telephone Number: _____ **Work:** _____

Email: _____

Driver's License Number: _____

Date of Birth: _____

Place of Employment: _____ **Occupation:** _____

Address: _____

Have you ever been arrested or convicted of any criminal offense? _____

If yes, please explain: _____

Shirt Size: _____

In consideration of the acceptance in the program, I authorize Hamilton Township and Village of Maineville to use my photograph or other image for any purpose.

I authorize Hamilton Township to conduct an investigation into any Traffic or Criminal convictions that I have. I understand that this background investigation is being conducted as part of Hamilton Township / Village of Maineville Police Departments' consideration of my application for participation in the Citizen Police Academy and that the results thereof will be utilized for purposes of determining my eligibility to participate.

Signature _____ **Date** _____

Return completed application to: Chief Scott Hughes, Hamilton Township Police Department, 7780 South State Route 48, Maineville, Ohio 45039 or email: shughes@hamilton-township.org