



**New York State University Police
Citizens Police Academy
Application**

Applicants must be 18 years of age.
Incomplete and or unsigned applications will not be considered.
Please print or type legibly.

Personal:

Name: _____ **Date of Birth:** _____
Last First Middle

Home Address: _____

Campus Address: _____

Cell phone: _____ **Alternate phone:** _____

Email: _____

Education/ Community Affiliation:

Highest Grade completed: _____ Degree/ Major: _____

Faculty/ Staff Member? _____ Department Affiliation? _____

Background:

Please explain briefly why you wish to be enrolled in the NYS University Police at Albany Citizens Police Academy:

Please list any associations, clubs, or organizations you may belong to or be affiliated with:



Have you ever been arrested for, convicted of or cited for an offense other than traffic fines? If yes, explain:

_____ Yes _____ No

_____.

Have you ever been fired or asked to resign from any job in the past five years? _____ Yes _____ No

References:

List two family members or close friends that can be contacted in the event of an emergency.

Name: _____ Relationship: _____

Address: _____ Phone number: _____

Name: _____ Relationship: _____

Address: _____ Phone number: _____

Medical History:

Are there any medical conditions or health information you feel the NYS University Police Citizens Police Academy staff should know about?

_____.

In consideration of being accepted into the NYS University Police at Albany Citizens Police Academy, I hereby release and agree to hold harmless the University at Albany, SUNY, its officers, employees, and agents from any liability for any losses, damages, expenses, personal injury, psychological injuries, or death which might be suffered or sustained by me directly or indirectly as a result of participation in the NYS University Police at Albany Citizens Police Academy, from any cause whatsoever. This release of liability and agreement given by me shall apply to any right of action that might accrue to myself, my heir, and my personal representatives. Further, I am aware of the danger that may be involved in participating in a Citizens Police academy, riding in a police cruiser, and accompanying a Police Officer in the course of performing their assigned duties.

Signature

Date



Police Department

J. Frank Wiley, Chief of Police
Chief's Office: (518)442-3130
Police: (518)442-3131
Fax: (518)442-3399

Review your application and answers carefully and read the statement below before signing.

I hereby certify that there are no willful misrepresentations, omissions or falsifications in the foregoing statements and answers to the questions. I understand that any omissions or false statements on this application shall be sufficient cause for rejection of enrollment or dismissal from the NYS University Police at Albany Citizens Police Academy.

I further authorize the NYS University Police at Albany to conduct a thorough background investigation which may include, but not be limited to, any criminal history, employment history and personal references.

Applicant's Signature

Date