Eligibility Requirements:

- Reside or work full-time within the Town of Berlin.
- 21-years of age or older.
- No outstanding warrants or pending criminal cases.
- No felony convictions.
- No misdemeanor arrests within the past three years.

Completed applications can be submitted any of the following ways:

- **U.S. Mail**   Attention: Lieutenant Shawn Solek  
  Berlin Police Department  
  240 Kensington Road  
  Berlin, CT 06037

- **Email**   Completed applications can be sent to  
  ssolek@berlinpd.org

- **Hand Delivered**   Completed applications can be dropped off for  
  Lieutenant Shawn Solek at police headquarters  
  240 Kensington Road, Berlin, CT 06037

Applications can also be downloaded from our website @  www.berlinpd.org

**Application Deadline is Sunday, March 1, 2020**
Name: ___________________   Date of Birth: ___________________

Address: ___________________       City/ Zip: ___________________

Email Address: ___________________  Drivers License #: ___________________

Home Phone: ___________________       Cell Phone: ___________________

Education (Circle one)
College Graduate
High School Graduate
GED Certificate
Grade 12
Grade 11
Grade 10
Grade 9

Community Affiliation(s) (Circle one all that apply)
Berlin Resident     YES / NO
Employed in Berlin NO / YES Employer ____________________________

How did you hear about the Berlin Citizen’s Police Academy? ___________________

________________________________________________________________________

Please explain why you want to participate in the Berlin Police Citizen’s Police Academy?
________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

Have you ever been arrested, convicted, or cited for any offense other than a traffic violation? YES / NO (If you answer yes, provide specific details below.)
________________________________________________________________________

________________________________________________________________________

________________________________________________________________________
Person to be contacted in case of emergency during your attendance at the Academy:

Name: ____________________________  Relationship: ____________________________
Address: ________________________________________________________________
Home Phone: _______________________  Cell Phone: _________________________

Alternate Person to be contacted in case of emergency:

Name: ____________________________  Relationship: ____________________________
Address: ________________________________________________________________
Home Phone: _______________________  Cell Phone: _________________________

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 Berlin Police Department Citizen’s Police Academy. I
further understand that the Berlin Police Department will be conducting a thorough
background investigation which may include, but not be limited to, any criminal history,
employment history and personal references.

______________________________________  _______________________
Signature                              Date
In consideration of being authorized transportation in a Berlin Police Department vehicle, I hereby waive all claims present or in the future against the Berlin Police Department or any member thereof, and the Town of Berlin for any and all incidents, damages or injuries which may be incurred by me as a result of being granted such authorization.

________________________________________
Signature of Person Seeking Authorization

Subscribed and sworn to before me

this _______day of ___________________, 20_______

________________________________________
Notary Public

My Commission Expires:______________________