New Bern Police Department
CITIZEN'S ACADEMY APPLICATION

First Name	Middle Name	Last Name

Social Security Number	Height Feet Inches	Weight Lbs

Nicknames or Aliases	☐ Male	☐ Female	T-Shirt Size

Present Mailing Address:

Street		
City	State	Zip

Home Phone	Work Phone

How long have you lived here? Years_____ Months_____

If less than 5 years, please provide previous address below.

Street		
City	State	Zip

Date of Birth	Place of Birth	Driver's License Number

Highest Level of Education Completed

Have you ever been charged with a crime? ☐ Yes ☐ No If yes, Misdemeanor ☐ Felony ☐ Charge (s): _____

Describe any Law Enforcement Experience:

_____
_____
_____
_____
_____
_____

☐ African American ☐ Native American

☐ Asian American ☐ White

☐ Hispanic American ☐ Other, Specify: _____

POLICE INTERESTS

Please list (3) areas or issues in which you are most interested:

1. _____
2. _____
3. _____

Department Use Only

_____
_____
_____
_____
_____
_____
_____
_____

NOTICE: Any omissions or material misrepresentation of facts will disqualify applicant from participation.