



OCEAN CITY POLICE DEPARTMENT CITIZENS POLICE ACADEMY APPLICATION

FULL NAME: _____ DATE OF BIRTH: ___/___/___

PERMANENT ADDRESS: _____

OCEAN CITY ADDRESS (if different than permanent address): _____

HOME PHONE: _____ CELL PHONE: _____

EMAIL ADDRESS: _____

CURRENT OCCUPATION: _____

SOCIAL SECURITY #: _____ DRIVERS LICENSE # & STATE: _____

HAVE YOU EVER BEEN ARRESTED? _____ IF YES, WHAT FOR AND WHEN? _____

EMERGENCY CONTACT PERSON: _____ PHONE #: _____

HOW DID YOU HEAR ABOUT CITIZENS POLICE ACADEMY?: _____

WHY DO YOU WANT TO ATTEND THE CITIZENS POLICE ACADEMY?: _____

SIGNATURE

DATE OF APPLICATION

Please mail or email completed application to:
Ocean City Police Department
ATTN: Ashley Miller
6501 Coastal Highway
Ocean City, MD 21842
amiller@oceancitymd.gov

FOR AGENCY USE ONLY Background Investigator: _____ Approved: _____ Rejected: _____ Date: _____
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