CITY OF GROTON POLICE DEPARTMENT

2025 CITIZENS POLICE ACADEMY

APPLICANT INFORMATION

_____ _____ _____ Name
(Last, First, Middle) Date of Birth Telephone Number

_____ _____ _____ _____
Street Address City/Town State Zip

_____ _____ _____
Home Phone Cell Phone E-Mail Address

_____ _____ _____
Employer Address Phone

Highest Level of Education Completed: (please check one box)

☐ High School Diploma ☐ Some College ☐ College Graduate ☐ Masters/Doctorate

Have you ever been charged with a crime? ☐ Yes ☐No Charges: _____

Have you ever been convicted of a felony? ☐ Yes ☐ No Charges: _____

_____ _____ **T-Shirt size** _____
Driver's License Number: State

Emergency Contact Information:

_____ _____ _____
Name Telephone Number Relationship

Please review your answers carefully and read the statement below before signing this application. I hereby certify that there are no willful falsifications, omissions or misrepresentations in the foregoing statements and answers. I understand that any omission or false statement on this application shall be sufficient cause for rejection for enrollment or dismissal from the City of Groton Police Department Citizens Police Academy.

_____ _____ _____
Applicant Name (Print) Applicant Signature Date

For PD use only:

Criminal background check completed and attached: Date: _____ By:_____

In-House _____ Other Agencies: _____

Enrollment in Academy Approved / Denied: (circle) Date: _____ By: _____

Acceptance email sent: Date: _____ By: _____

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RELEASE OF INFORMATION FOR BACKGROUND INVESTIGATION

I understand that the City of Groton Police Department will conduct a criminal background investigation on every applicant for the Citizens Police Academy and reserves the right to deny entry into the Citizens Police Academy based on the results of a criminal background check. I affirm that all information on the above application is true.

I hereby consent to a background investigation and authorize a review of all records, or any part thereof, concerning myself, by and to a duly authorized police officer of the City of Groton Police Department, whether said records are public or private, and including those that may be deemed to be of a privileged or confidential nature. I understand that all information will be kept confidential. The intent of this authorization is to give my consent for full and complete disclosure of any and all records concerning criminal activity. This may include, but is not limited to, criminal histories, driving records, traffic accidents, arrest reports offense reports or any official documents.

I understand that any information obtained by a background investigation, which is developed directly or indirectly, in whole or in part, upon the release authorization will be considered in determining my suitability for attendance to the Citizens Police Academy. I certify that the person(s) who may furnish such information concerning me shall not be held accountable for giving this information and I hereby release said person(s) from any and all liability which may be incurred as a result of furnishing such information.

I also understand that should any statement I have made prove to be false, misleading or erroneous, it may result in the rejection of my application or dismissal from the City of Groton Police Department Citizens Police Academy.
I authorize the release of my name and full disclosure of all records concerning myself to verify past and further applications with other law enforcement agencies.
A photocopy of this release form will be valid as an original thereof, even though said photocopy does not contain an original writing of my signature.

_____	_____	_____
Applicant Name (Print)	Applicant Signature	Date

CITY OF GROTON POLICE DEPARTMENT

CITIZENS POLICE ACADEMY

PHOTO RELEASE FOR USE OF PHOTOGRAPH(S) AND/OR VIDEO(S)

I, _____ hereby give permission to the City of Groton Police Department, its agents and employees, to make use of photograph(s) and/or video(s). I expressly agree to and grant the City of Groton Police Department the unlimited right and authority to use such photograph(s) and/or video(s) on City of Groton website and for other City of Groton purposes. Such use of my photograph(s) and/or video(s) by the City of Groton is for nonprofit purposes including, but not limited to, brochures, informational videos, public service announcements, news stories and such uses are without further notice or obligation to me. I agree to sign any further addendum required by the City of Groton.

_____	_____	_____
Applicant Name (Print)	Applicant Signature	Date