Dean M. Esserman
Chief of Police

David N. Cicilline
Mayor

Providence Police Department
"Building Pride in Providence"

CITIZENS POLICE ACADEMY APPLICATION

NAME:_____
LAST FIRST MI

ADDRESS:_____

DATE OF BIRTH: _____

PHONE NUMBER:_____
HOME CELL

OCCUPATION:_____

E-MAIL ADDRESS_____

SIGNATURE_____

***My signature on this document authorizes the Providence Police Department to conduct a background check on me for the purpose of admission to the Providence Police Citizens Police Academy.*