



TOWN OF EVANS POLICE DEPARTMENT

8787 ERIE ROAD ANGOLA, NEW YORK 14006

EMERGENCY 911



DOUGLAS J. CZORA
Chief of Police

716-549-3600
FAX 716-549-6089

APPLICATION FOR CITIZEN POLICE ACADEMY

1. Given Name: _____
(Last, First, MI)
2. Date of Birth: _____ Telephone Number: _____
3. Aliases (Maiden Name, etc.): _____
4. Are you a U.S. citizen: _____ Driver License ID #: _____
5. Marital Status: Never Married ___ Married ___ Separated ___ Divorced ___
6. Present Address: _____

7. E-Mail Address: _____
- 7a. Social Media Accounts: _____
8. Height: _____ Weight: _____ Eyes: _____ Hair: _____
9. List persons living with you (name, date of birth, relationship):

EMPLOYMENT

10. Name of present employer: _____
11. Address: _____
12. Telephone Number: _____ Date Employed: _____
13. Position or Title: _____ Social Security #: _____

EDUCATION

14. College: _____

15. Address: _____
16. Dates Attended: _____ Major: _____
17. Type of Degree Earned: _____
18. High School: _____
19. Address: _____
20. Dates Attended: _____ Graduated: _____

MILITARY

21. Branch of Service: _____ Dates: _____
22. Highest Rank Attained: _____ Type of Discharge: _____

PERSONAL REFERENCES

23. Name: _____
24. Address: _____
25. Telephone Number: _____ Years Known: _____
26. Name: _____
27. Address: _____
28. Telephone Number: _____ Years Known: _____
29. Name: _____
30. Address: _____
31. Telephone Number: _____ Years Known: _____

CRIMINAL/DMV AUTHORIZATION FOR RECORD/BACKGROUND CHECK

State of New York
 County of Erie
 Town of Evans

I, _____ do hereby authorize the Town of Evans Police Department to check and receive any information regarding my criminal record, if any, and that relates to my driver license or operating record including disciplinary measures, to include but not be limited to any and all records furnished by the New York State Department of Motor Vehicles.

Signature _____

Witness _____ Date _____