



# 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 \_\_\_\_\_