KEARNY POLICE DEPARTMENT

Community Oriented Policing Unit

Applicant,

You are applying for the Kearny Police Citizen's Police Academy, in doing so you agree to give Kearny Police Department permission to your criminal history and driving record as part of the application process.

By signing below you acknowledge you are aware and consent to these checks being conducted for the purposes of determining eligibility for the program.

Name: _____

Address: _____

DOB: _____

Signature: _____ Date: _____