KEARNY POLICE DEPARTMENT

CITIZEN'S POLICE ACADEMY APPLICATION

LAST NAME: _____

FIRST NAME:_____

Address: _____ Apartment/Floor: _____

City: _____ State: _____ Zip: _____ DOB: _____

Driver's License #: _____ State: _____

Social Security #: _____

Telephone #: _____ Cellular Phone #:_____

Email address: _____

Emergency Contact Information:

Name: _____

Number #: _____ Relationship: _____

Please submit completed form to:
Kearny Police Department
Community Oriented Policing Unit
237 Laurel Ave Kearny NJ 07032