



**LAUREL POLICE DEPARTMENT**  
205 MECHANIC ST.  
LAUREL, DELAWARE 19956

CHIEF DANNY A. WRIGHT  
CHIEF OF POLICE

**JUNIOR POLICE ACADEMY APPLICATION**

**August 08, 2022, to August 12, 2022**

**PERSONAL**

Name:	Date of Birth:
Home Address:	
Home Phone:	Cell Phone:
Mother's Name:	Father's Name:
Mother's Cell Phone:	Father's Cell Phone:
Contact email address	Secondary email contact if applicable

**EDUCATION**

**Attach a copy of the most recent report card.**

Name of School Enrolled:	Highest Grade Completed:
Name of Principal:	School Phone:



## **BACKGROUND**

Please explain briefly why you wish to be enrolled in the Laurel Police Department Junior Police Academy. (Space Available on last page if necessary)

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Please list any associations, clubs, organizations you may belong to or be affiliated with.

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Have you ever been arrested for, convicted of, and or cited for any offense? Yes\_\_\_ No\_\_\_ If yes, explain in detail listing appropriate dates, charges, and location actions were taken.

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## REFERENCES

Reference #1 Name:	
Relationship:	
Address:	Phone Number:
Reference #2 Name:	
Relationship:	
Address:	Phone Number:

## EMERGENCY CONTACT

Please list two immediate family members or close relatives that can be contacted in the event of an emergency.

Name:	Relationship:
Address:	Phone:
Name:	Relationship:
Address:	Phone:



## MEDICAL INFORMATION

*This information is given voluntarily and is part of my health record maintained by the Laurel Police Department. This information will be kept confidential and referred only in the event of an emergency.*

Please list any medications either prescribed or over the counter that you are currently taking. Describe the purpose the medications are prescribed.

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Describe any Allergies You May Have:

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**Review this application and answer carefully. Read the statement below prior to signing.**

*“I hereby certify that there are no willful misrepresentations, omissions, or falsifications in the foregoing statements and answers to the questions. I understand that any omissions or false statements on this application shall be sufficient cause for rejections of enrollment or dismissal from the Laurel Police Department Junior Police Academy.”*

*“I further understand that the Laurel Police Department will be conducting a thorough background investigation which may include, but not limiting to, any criminal history and personal references checks.”*

\_\_\_\_\_  
*Signature*

\_\_\_\_\_  
*Date*

Please utilize this page for any additional information

**T-Shirt Size** -- Youth      L      XL

**Adult:**      S                      M                      L                      XL                      XXL