



SOUTHAMPTON TOWN POLICE DEPARTMENT
TOWN of SOUTHAMPTON

110 Old Riverhead Road West
Hampton Bays, New York 11946

Emergency: 911
Anonymous Tip Hotline: (631) 728-3451
General Business: (631) 728-5000
Police Reports: (631) 728-5007
(631) 728-5008
FAX: (631) 728-5440

Chief James Kiernan

7 11 9 B 5 7 5 8 9 A M 5 D D @ 7 5 H C B

Date of Application: _____

Name (Last, First, Middle): _____

Home Address (Street/City/State/Zip): _____

Date of Birth: _____ Social Security Number: _____

Driver's License #: _____ Driver's License State: _____

Home Phone: _____ Cell Phone: _____

E-mail Address: _____

How did you hear about this program? Advertisement/Social Media Family/Friend Prior Attendee Other

Do you have any past arrests, convictions or pending court cases? Yes No

**If you answered yes please briefly provide details on the reverse side of this paper. If you are submitting this document via fax or e-mail, please be sure to include a copy of both sides.*

How would you best classify your current employment status?

Full Time Part Time Unemployed Retired Disabled Other

This program covers many topics and sometimes uncomfortable themes. During some lectures graphic pictures and offensive images may be used. I understand this and wish to continue in my application effort. Yes No

I _____, born _____, understand that a criminal background check and warrant check will be conducted by the Southampton Town Police Department. Any and all information which said agencies have about me will be used for the purposes of aiding the Southampton Town Police Department in evaluating my eligibility for the participation in the Southampton Town Police Citizen Academy. I understand that I will not receive and I am not entitled to know the contents of any confidential reports received from these agencies. I hereby release, discharge and agree to hold harmless the Southampton Town Police Department, associated law enforcement agencies, their agent and any person(s) furnishing information from any and all liability arising of furnishing and examining said documents and/or information.

Signature of Applicant

Date

Print Name

PLEASE ATTACH A COPY OF YOUR PHOTO ID.

MAIL TO: Southampton Town Police Department
110 Old Riverhead Road
Hampton Bays, NY 11946
Attn: Susanne Parkin

Or E-MAIL TO: WKiernan@southamptontownny.gov
SParkin@southamptontownny.gov



Accredited by:
New York State Law Enforcement Accreditation Program

