

# SURFSIDE POLICE DEPARTMENT



## CITIZENS POLICE ACADEMY APPLICATION

Name: \_\_\_\_\_ Social Security Number: \_\_\_\_\_  
Last First Middle

Address: \_\_\_\_\_ Home Telephone: ( ) \_\_\_\_\_  
City State Zip

Email Address: \_\_\_\_\_

Driver License # \_\_\_\_\_ State: \_\_\_\_\_ Expiration Date: \_\_\_\_\_  
Place of Employment? Work Telephone: ( ) \_\_\_\_\_

Position: Supervisor's Name: \_\_\_\_\_ Supervisor's Telephone: ( ) \_\_\_\_\_

I am a resident of the Town of Surfside Yes  No  (Town residents are given priority in the application process).

During this training you will be exposed to graphic materials, possible obscene language and be asked to participate in some realistic scenarios that involve minor physical activity such as standing and walking for short periods of time. Participation in these activities is not mandatory. However, if you do participate, we ask that you are physically capable of doing so.

Also, this training is not intended to prepare participants to become police officers and should not be viewed as a method of obtaining employment with the Surfside Police Department or any other police department.

Please check the box indicating that you have read and understand these statements.

Have you ever been arrested for any offense (including traffic violations)?  Yes  No

If you answered "yes" to the above question, please list all and explain. Use additional pages if necessary. Note that convictions of certain minor violations and other offenses may not prevent your acceptance into this program.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

How did you hear about this opportunity? \_\_\_\_\_  
\_\_\_\_\_

Please list one personal reference:

Name: \_\_\_\_\_ Address: \_\_\_\_\_ Telephone: ( ) \_\_\_\_\_

I understand that before I am authorized to attend the Citizens Police Academy with the Surfside Police Department, I must successfully complete a standard background investigation which will require the use of my social security number. By signing below, I hereby authorize such an investigation.

The above information is true and correct:

Signature \_\_\_\_\_ Date \_\_\_\_\_

Please return the original, completed application to:

Dina Goldstein  
Surfside Police Department  
9293 Harding Avenue  
Surfside, FL 33154  
(305) 861-4862 or [dgoldstein@townofsurfsidefl.gov](mailto:dgoldstein@townofsurfsidefl.gov)