READING POLICE ACADEMY

815 WASHINGTON STREET, READING, PA 19601-3690

Lieutenant Andrew J. Winters **610-655-6332**
Director of Training **Fax: 610-655-6393**

Andres Dominguez Jr., Chief of Police **610-655-6241**

PRE-SERVICE CADET APPLICATION

ACT 120
BASIC MUNICIPAL POLICE TRAINING COURSE

All items on this application must be completed. Applications with blank items will be returned and may result in your non-acceptance in the course of study. Please type or print legibly.

NAME: _____ _____ _____
Last **First** **MI**

Home Address: _____

City: _____ **State:** _____ **Zip Code:** _____

Home Phone: _____ **Social Security #:** _____

Date of Birth: _____ **Age:** _____ **Are you a U.S. Citizen:** ☐ **Yes** ☐ **No**

Height: ____ **Weight** _____ **Eye Color:** _____ **Hair Color** _____

Drivers License Information:
State: _____ **OLN #** _____ **Expiration** _____

Email Address: _____

Place of Employment: _____

Address: _____

City: _____ **State:** _____ **Zip Code:** _____

Occupation: _____ **Work Phone:** _____

HIGH SCHOOL: _____ **Year Graduated:** _____

Address: _____

City: _____ **State:** _____ **Zip Code:** _____

COLLEGE: _____ **Year Graduated:** _____

Address: _____

City: _____ **State:** _____ **Zip Code:** _____

MILITARY SERVICE: ☐ **Yes** ☐ **No** **Branch:** _____

Type of Discharge: _____ **Date:** _____

1. Have you ever been cited or arrested for any offense (traffic, summary, misdemeanor, or felony? (If yes, attach separate sheet listing charge with detailed explanation) ☐ **Yes** ☐ **No**

2. Have you ever been convicted for any offense (traffic, summary, misdemeanor, or felony? (If yes, attach separate sheet listing charge with detailed explanation) ☐ **Yes** ☐ **No**

3. Do you use, consume, buy or sell illegal narcotics or controlled substances? (If yes, attach separate sheet with detailed explanation.) ☐ **Yes** ☐ **No**

4. Have you ever, at any age, used, consumed, sold or tried illegal narcotics or controlled substances in the past? (If yes, attach separate sheet with detailed explanation) ☐ **Yes** ☐ **No**

5. Do you consume alcoholic beverages? (If yes, explain to what extent:) ☐ **Yes** ☐ **No**

6. Have you ever applied to any other police academy? ☐ **Yes** ☐ **No** **If yes list academies below:**

7. Are you physically fit and able to undertake the prescribed, rigorous physical training sections of the Basic Municipal Police Training Course? List below any medical conditions/problems and or abnormalities that the Reading Police Academy should be aware of prior to starting the rigorous physical training program. ☐ **Yes** ☐ **No**

8. Are you now receiving, or have you ever-received physical disability compensation from any source? If yes to either of these questions, state the source, nature and extent of the disability. (Continue on an additional sheet of paper if necessary) ☐ **Yes** ☐ **No**

I, _____ (print name) swear or affirm that the information listed on this application is true and correct. I give permission to any person acting on behalf of the Reading Police Academy to verify this information. I understand and agree that if any falsification or omission of fact is found, it may be the basis for denial of acceptance into the course, or removal from the course. I agree to abide by the Rules and Regulations of the Reading Police Academy. I also agree to conform to proper conduct, both in and out of the classroom. I understand and agree that my failure to do so may result in my removal from the course.

Applicant's Signature **Date**

Submit a completed photocopy of the PRELIMINARY PHYSICAL EXAMINATION FORM (SP 8-300C, 6-2000) and a properly notarized HOLD HARMLESS AGREEMENT with this application and photocopies of the following items:

- **Birth Certificate**
- **Valid Driver's License**
- **High School Diploma or G.E.D.**
- **College Diploma**
- **Military Discharge Papers (DD214)**

Failure to submit these documents will result in the application being returned to you and thereby affecting your chances of being accepted to the Reading Police Academy.