

Somerset County Sheriff's Office Citizens Police Academy



Name: _____
(First) (Middle) (Last)

Social Security Number: _____

Date of Birth: _____

Race: _____ Height: _____ Weight: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Cell Phone: _____

Employer: _____

Employer Phone: _____

Driver's License Number: _____ State: _____

License Class: _____ Expiration Date: _____

How long have you been driving? _____

Military: If yes, what branch _____

Do you belong to any Civic Organizations? If yes, what type _____

