



FAIRPORT POLICE DEPARTMENT  
31 S. Main Street  
Fairport, New York 14450



Maureen W. Chisholm  
Chief of Police

**FAIRPORT POLICE DEPARTMENT**  
**2009 SENIOR CITIZEN'S POLICE ACADEMY APPLICATION**

CANDIDATE INFORMATION:

1. Name: \_\_\_\_\_
2. Address: \_\_\_\_\_
3. Date of Birth: \_\_\_\_\_
4. Telephone: \_\_\_\_\_ Work: \_\_\_\_\_
5. Employer Name: \_\_\_\_\_  
Address: \_\_\_\_\_
6. N.Y.S. Driver's License #: \_\_\_\_\_
7. Due to the nature of the Law Enforcement information that may be disseminated in this Academy, it is necessary to restrict enrollment to only those persons who have never been convicted of a felony or have not been convicted of any crime in the past five years.

I do hereby give my consent to the Fairport Police Department to conduct a criminal history clearance on my name and I am furnishing the above information on a voluntary basis with the understanding that it shall be used to perform such clearance.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

\*\*\*If you have any questions please contact Officer Phillip Provenzano 223-1740