

Town of West Bridgewater

POLICE DEPARTMENT



Chief of Police Timothy W. Nixon Phone (508) 586-2525 Fax (508) 894-1295 99 West Center Street West Bridgewater, MA 02379 wbpd.com

Citizens Police Academy Application

(Please print all information clearly)

Name:		
Last name	First Name	M.I.
Home Address:		
Length of time at current	t address:	
	Massachusetts Driver's License	
Telephone#:	Email Address:	
Occupation:	Employer:	Length of Employment:
	o Affiliations (if any):	
	gram Names, if any:	
and what you hope to lea it:	nts on why you are interested in attending arn from	
Reference Name:	Phone #:	
	Phone#:	
Important Notice: A crimit	nal records check/background investigation v	will be conducted on all applicants
for this program. By signin	ng below, you hereby grant the West Bridgew	vater Police Department authority
to conduct a criminal histo	ory records check/background. The backgrou	und check will be kept confidential.
By submitting this applicat	tion, you understand that any student may be	removed for disruptive behavior
that obstructs the concept of	<u>of this program.</u>	
Signature:	Date:	
	should be emailed to Detective Percival (ter Street, West Bridgewater Ma. 02379.	

no later than December 13, 2024.

Detective Jared Percival West Bridgewater Police Department jpercival@wbpd.com 774-539-8184