



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



Maureen W. Chisholm
Chief of Police

FAIRPORT POLICE DEPARTMENT
SENIOR CITIZENS 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