

## **TOWN OF VERNON**

## DEPARTMENT OF POLICE



Fax: (860) 872-7249



 $234^{\mathrm{th}}$ 

Phone (860) 872-9126

Vernon CT 06066

James L. Kenny Chief of Police

## CERTIFIED POLICE OFFICER APPLICATION

Full Name			
	Last	First	Middle
SSN:			
Address:			
State:		ZIP:	
Phone:			
	Home		Cell
Email:			
Are you currently of	certified as a police office	r: yes ( ) ı	ס ( )
State certified in: _			
Current Police Dep	oartment:		
Department Addre	ess:		
Department Phone	e Number:		
Supervisor Name:			
Years of employm	ent:		
Police Academy A	ttended:		
If not currently em	ployed as a police officer	when did yo	u resign or retire from your
police department	·		
Signature:		Da	te:
Please return to:	VERNON POLICE DEPAR	ГМЕПТ	
	Attn: Application		
	725 Hartford Turnpike		