

TOWN OF TRUMBULL POLICE SERVICE APPLICATION Part I

Name:			
Address:			
City	State	Zip	
Email address:(print clearly)			
Home Phone #:			
Work Phone #:	Cell Phon	e #:	
Driver's License #:		State:	
CT POST CERTIFICATION	NUMBER		
Do you have a valid Chip Carlast two years? If you do not have a valid Chi you will be required to pass the range. Please submit a media	(Please enclosed copy v p Card that has been i ne State of CT Physical	with your ssued with Perform	application) hin the last two years, ance Test at the 40%
range. Please submit a medic participate in the Physical Per time. The medical waiver fo www.trumbull-ct.gov/police.	rformance Test which	will be scl	heduled at a later
Upon successful completion of your Chip Card, candidates wannounced at a later time.			
Applicant's signature			
Print name:		D	Date: