

QUINCY POLICE DEPARTMENT
“RAPE AGGRESSION DEFENSE (RAD) TRAINING”



APPLICATION
Please Print

NAME:
LAST: _____ FIRST: _____ MI: _____

Address: _____

Home Phone #: _____ Work #: _____

Employer: _____ Occupation: _____

SS#: _____ Date of Birth: Mo _____ Day _____ Year _____

Email Address: _____

I authorize the Quincy Police Department to conduct a criminal history records check on me.

Signature: _____ Date: _____

Return all applications to:
Quincy Police Department
C/O Chief Paul Keenan
1 Sea Street
Quincy, MA 02169
Fax#: 617-745-5846
Applicants will be notified by mail