TOWN OF TRUMBULL
POLICE SERVICE APPLICATION
Part I

Name: _____

Address: _____

_____
City **State** **Zip**

Email address: _____

Home Phone #: _____

Work Phone #: _____ **Cell Phone #:** _____

Driver's License #: _____ **State:** _____

CT POST CERTIFICATION NUMBER _____

Do you have a Chip Card that has been issued within the last two years? _____ **(Please enclosed copy with your application)**

If you do not have a Chip Card that has been issued within the last two years, you will be required to pass the State of CT Physical Performance Test at the 40% range. Please submit a medical waiver along with your application in order to participate in the Physical Performance Test which will be conducted on May 12 and/or May 13. The medical waiver form and test information can be obtained at www.trumbull-ct.gov/police.

Upon successful completion of the CT Physical Performance Test or verification of your Chip Card, candidates will participate in an Oral Examination scheduled for May 15 and/or May 16.

Applicant's signature _____

Print name:_____**Date:**_____