



POLICE DEPARTMENT

CITIZEN'S POLICE ACADEMY APPLICATION

Date of Application _____

Name: _____ Date of Birth: _____
(first) (middle) (last)

Address: _____

City/State/Zip: _____

Work Phone: _____ Home Phone: _____

Soc/Sec#: _____ Driver's Lic#: _____

Employer: _____ Occupation: _____

Employer's Address: _____
(street) (city) (state) (zip)

Have you been arrested for any offense other than traffic?(check one) Yes No

If yes, what for? _____ When? _____ Where? _____

Please briefly list or describe any civic activities/organizations you are involved in:

What experience have you had with law enforcement? (check one) Positive Negative

Briefly explain:

Briefly explain your interest in the citizen's academy:

What do you expect to gain from attending this academy?

Person to be contacted in case of emergency during your attendance at the Academy:

Name: _____

Address: _____

Relationship: _____ Telephone: _____

Liability Waiver

I hereby certify that the information contained in this application is true and complete to the best of my knowledge. You are hereby authorized to make any investigation of my personal history deemed necessary for consideration to attend the Citizen Police Academy.

Signature: _____ Date: _____