



APPLICATION FOR CITIZENS POLICE ACADEMY

NAME: _____ / _____ / _____
(Last) (First) (Middle)

ADDRESS: _____
(Number/Street/Apt/City/State/Zip Code)

HOME PHONE: _____ OFFICE PHONE: _____ DOB: _____

EMAIL ADDRESS: _____ T-SHIRT SIZE: _____

SOCIAL SECURITY # _____ DRIVER'S LICENSE # _____ STATE: _____

EMPLOYER/OCCUPATION: _____

EMPLOYER ADDRESS: _____
(Number/Street/Apt/City/State/Zip Code)

EDUCATIONAL BACKGROUND: High School 9 10 11 12 College: 1 2 3 4 Graduate: 1 2 3 4
(Circle highest level completed)

ORGANIZATIONS/MEMBERSHIPS: _____

OTHER THAN A SUMMARY OFFENSE, HAVE YOU EVER BEEN ARRESTED AND/OR CONVICTED OF A CRIME: Yes ___ No ___

IF YES, PLEASE LIST DATE, TYPE OF OFFENSE AND COURT DISPOSITION:

I certify that all statements made on this application are true and correct to the best of my knowledge. I authorize any individual company or organization to release any information concerning statements made by me on this application; and I do hereby release all parties and individuals connected therewith from all liabilities for any damages whatsoever incurred in furnishing such information. I agree and understand that any deliberate misstatement or omission of material facts may disqualify me to attend the Citizens Police Academy. My signature below acknowledges my understanding and agreement with the material provided.

SIGNATURE

DATE