



Citizens Police Academy Application

Please print neatly or type. Incomplete applications will **NOT** be processed.

Name _____ D.O.B. ____/____/____
Last First MI/Maiden Name

Address _____ City _____ Zip _____

Race ____ Sex ____ Home Phone _____ Work Phone _____

Email Address _____

Driver's License # _____
State _____ SSN# _____

Employer _____ Occupation _____

Employer Address _____

Emergency Contact (Name and Telephone #) _____

How did you hear about the academy? _____

Have you ever been arrested? Yes _____ No _____

Have you ever been convicted of a crime? Yes _____ No _____

If Yes, please explain when, where, and what for.

List any Community Group you have been involved with (past and present)

Please list your hobbies and/or special interests
