



**CITIZENS' POLICE ACADEMY
Application Form**

Name _____
Last First Middle Initial

Address _____
Street/Apt # City State Zip

Phone #Home _____ Office _____

Social Security# _____ D.O.B ____/____/____

DRIVER'S LICENSE INFORMATION

STATE/NO# _____ CLASS _____

EXPIRATION DATE ____/____/____ IS THIS CURRENT LICENSE VALID? YES ___ NO ___

HAVE YOU EVER BEEN CONVICTED OF ANY FELONY CHARGE? YES ___ NO ___

IF YES, EXPLAIN WHERE, WHEN AND DISPOSITION OF THE CASE AS AN ATTACHMENT

PLACE OF EMPLOYMENT _____

ADDRESS _____
STREET CITY STATE ZIP CODE

DUTIES PERFORMED _____

Attach any supportive material you consider relevant to your application.

I CERTIFY THAT ALL STATEMENTS MADE ON THIS APPLICATION ARE TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE. I AUTHORIZE ANY INDIVIDUAL, COMPANY, ORGANIZATION OR INSTITUTION TO RELEASE ANY AND ALL INFORMATION CONCERNING STATEMENTS MADE BY ME ON THIS APPLICATION, AND I DO HEREBY RELEASE ALL PARTIES AND INDIVIDUALS 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 MATERIAL PROVIDED.

Signature

Date