

## APPLICATION FOR CITIZENS' POLICE ACADEMY

This application must be typed or clearly printed in ink. All items in this application must be filled in completely, correctly and truthfully, to the best of your knowledge, and signed by the applicant. Any applications that are incomplete and/or illegible may be rejected.

### PERSONAL HISTORY

NAME: LAST		FIRST:		MIDDLE	
HOME ADDRESS:			CITY:		STATE:    ZIP CODE:
MAILING ADDRESS: (if different)					
DATE OF BIRTH: (MM/DD/YY)		SOCIAL SECURITY NUMBER:		HOME TELEPHONE NUMBER:	
				WORK:	CELL:
ARE YOU A U.S. CITIZEN?		OPERATOR LICENSE NUMBER:		STATE:	
YES          NO					
HAS YOUR LICENSE EVER BEEN SUSPENDED OR REVOKED? IF YES, WHAT STATE AND REASON:					
YES    NO          STATE _____ REASON _____					
HAVE YOU EVER LIVED IN ANY OTHER STATE?          YES          NO					
IF YES, WHAT STATE/S? _____					
HAVE YOU EVER PLED GUILTY, NOLO CONTENDRE, OR BEEN CONVICTED OF ANY MISDEMEANOR OR FELONY OFFENSE?          YES          NO          IF YES WHAT STATE? _____					

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I HAVE READ THIS APPLICATION AND THE ENTRIES MADE HEREIN, AND HEREBY STATE THAT ALL SUCH STATEMENTS MADE BY ME ARE TRUE. I UNDERSTAND THAT ANY FALSE OR MISLEADING INFORMATION GIVEN IN THIS APPLICATION MAY SERVE AS THE BASIS FOR DISMISSAL FROM THE CITIZENS' POLICE ACADEMY.

I AGREE TO THESE CONDITIONS, AND I HEREBY CERTIFY THAT ALL STATEMENTS MADE BY ME ON THIS APPLICATION ARE COMPLETE, CORRECT AND TRUTHFUL TO THE BEST OF MY KNOWLEDGE.

SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_