

CENTERVILLE CITIZENS' POLICE ACADEMY APPLICATION FORM

NAME: MR. MISS. MRS. _____ DOB: _____
FIRST MIDDLE INITIAL LAST

STREET ADDRESS: _____ CITY/STATE: _____ ZIP _____

HOME PHONE: _____ WORK PHONE: _____ CELL PHONE: _____ PAGER: _____

ARE YOU A CENTERVILLE RESIDENT? YES NO IF YES, HOW LONG? _____ EMAIL: _____

ARE YOU A CENTERVILLE EMPLOYEE? YES NO IF YES, HOW LONG? _____

BUSINESS NAME: _____

BUSINESS ADDRESS: _____

EDUCATION

HIGH SCHOOL ATTENDED: _____ DATE GRADUATED _____

COLLEGE ATTENDED: _____ DEGREE/MAJOR: _____

PERSONAL TRAINING/EDUCATION: _____

HAVE YOU EVER ATTENDED ANY OTHER CITIZENS' POLICE ACADEMY? YES NO IF YES, WHERE? _____

HAVE YOU EVER BEEN DENIED ADMITTANCE TO ANY CITIZENS' POLICE ACADEMY? YES NO

BACKGROUND

PLEASE EXPLAIN WHY YOU WISH TO ENROLL IN THE CENTERVILLE POLICE DEPARTMENT'S CITIZENS' POLICE ACADEMY: _____

HAVE YOU EVER BEEN ARRESTED FOR, CONVICTED OF, OR CITED FOR ANY OFFENSE (OTHER THAN A TRAFFIC FINE OF \$200 OR LESS)? YES NO
IF YOU ANSWERED **YES**, ON A SEPARATE SHEET OF PAPER, PLEASE EXPLAIN YOUR ARREST IN DETAIL, LISTING APPROPRIATE DATES, CHARGES, LOCATIONS AND ACTIONS TAKEN BY THE COURT SYSTEM.

EMPLOYMENT

PRESENT EMPLOYER: _____ ADDRESS: _____

SUPERVISOR: _____ TITLE: _____ PHONE: _____ DATE HIRED: _____

PREVIOUS EMPLOYER: _____ ADDRESS: _____

SUPERVISOR: _____ TITLE: _____ PHONE: _____ DATE HIRED: _____

REFERENCES

PERSONAL REFERENCE No. 1: _____ RELATIONSHIP: _____

ADDRESS: _____ PHONE: _____

PERSONAL REFERENCE No. 2: _____ RELATIONSHIP: _____

ADDRESS: _____ PHONE: _____

EMERGENCY CONTACT

EMERGENCY CONTACT: _____ RELATIONSHIP: _____ PHONE: _____

LIST ANY KNOWN MEDICAL CONDITIONS AND MEDICATIONS: _____

ALL INFORMATION CONTAINED ABOVE IS CORRECT TO THE BEST OF MY KNOWLEDGE.

SIGNATURE: _____ DATE: _____