



Citizens Police and Fire Academy
Application
(please print)

Name: _____
Last First Middle

Drivers License #: _____ **Issuing State:** _____

Address: _____

City/State/Zip: _____

E-Mail Address: _____

Home Phone: _____ **Work Phone:** _____

Employer: _____ **Occupation:** _____

Employers Address: _____

Have you ever been arrested for any offense other than traffic: _____ Yes _____ No

If yes, for What: _____ When: _____ Where: _____

Please briefly list any civic organization/activities you are involved in: _____

What do you expect to gain from the Citizen's Academy: _____

Emergency Contact

Name: _____ **Phone:** _____

Waiver

I hereby certify that the information contained in this application is true and complete to the best of my knowledge. You are hereby authorized to make any investigation of my personal history deemed necessary for consideration to attend the Citizens Police and Fire Academy.

Signature: _____ **Date:** _____