UNIVERSITY CITY
POLICE DEPARTMENT

CITIZEN'S POLICE ACADEMY
APPLICATION

PLEASE TYPE OR PRINT

NAME: _____
Last First Middle

SOCIAL SECURITY NUMBER: _____ / _____ / _____

DATE OF BIRTH: _____

PRESENT ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

HOME PHONE: _____ BUSINESS PHONE: _____

OCCUPATION: _____ EMAIL: _____

PLEASE ANSWER THE FOLLOWING QUESTIONS BY CIRCLING "YES" OR "NO".

1. ARE YOU AT LEAST 18 YEARS OF AGE? YES NO
2. HAVE YOU EVER BEEN ARRESTED FOR A MISDEMENOR OR FELONY? YES NO
3. HAVE YOU EVER BEEN CONVICTED OF A MISDEMEANOR OR FELONY? YES NO

"POLICE RECORD CHECKS WILL BE COMPLETED ON ALL APPLICANTS"

CITIZEN POLICE ACADEMY APPLICANTS WILL BE NOTIFIED BY PHONE AND /OR MAIL TO CONFIRM REGISTRATION.

PLEASE RETURN COMPLETED APPLICATION TO YOUR POLICE DEPARTMENT.

ALL APPLICANTS MUST SIGN APPLICATION TO BE CONSIDERED A CANIDATE FOR THE CITIZEN POLICE ACADEMY. THIS SIGNATURE GIVES YOUR AUTHORIZATION FOR A POLICE RECORD CHECK.

SIGNATURE: _____ DATE: _____

Forever in Your Service
INTERNATIONALLY ACCREDITED