



# APPLICATION FOR CITIZEN POLICE ACADEMY

Please Print

Name \_\_\_\_\_ Social Security # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
Last First Middle

Address \_\_\_\_\_  
Street City State Zip Code

Telephone ( ) \_\_\_\_\_ Cell/Pager( ) \_\_\_\_\_ E-Mail \_\_\_\_\_

Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Sex \_\_\_\_\_

Referral Source (Please check the appropriate category and name the source)

Walk-In  Employee \_\_\_\_\_

Advertisement \_\_\_\_\_  Other \_\_\_\_\_

**Must be 18 years of age or older, and a Scott County Resident or an Employee of a Scott County Business**

Have you ever pled "guilty" or "no contest" to, or been convicted of a crime? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please provide date(s) and details \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## Employment

List your current employer

Employer	Street Address	City	State
Telephone #	Job Title	Immediate Supervisor	Yrs. of Service
( )			

## References

List the name and telephone number of three (business/school/personal) references who are not related to you.

Name	Title	Telephone	Relationship to you	Number of Years known
		( )		
		( )		
		( )		

Why do you want to participate in the Citizen Police Academy?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What are your expectations?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## Applicant Statement

I certify that all information I have provided in order to apply for the Citizen Police Academy is true, complete and correct. Any information disclosed that is not true could result in disqualification from the program.

I expressly authorize the Georgetown Police Department or any representatives, employees or agents, to contact and obtain information from all references (personal and professional) to verify the accuracy of all information provided by me in this application. This information will be utilized for the purpose of a back-ground check and criminal history.

I hereby waive any and all rights and claims I have regarding the Georgetown Police Department's employees, representatives, or agents for seeking, gathering, and using truthful and non-defamatory information, to complete this process.

**DO NOT SIGN UNTIL YOU HAVE READ THE ABOVE APPLICANT STATEMENT.**

I certify that I have read, fully understand and accept all terms of the foregoing Applicant Statement.

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_