

Independence Police Department

Citizen Police Academy Application

Name: _____

Address: _____ E-Mail: _____

Home Phone #:(____) _____ Work Phone #:(____) _____

Date of Birth: ____ / ____ / ____ Driver License # & State: _____

Occupation: _____

Reason(s) for wanting to attend the Citizen Academy: _____

Who do you know that is involved in law enforcement? _____

Have you ever been arrested/convicted of a misdemeanor or a felony? _____

If so, when, where, and the charge: _____

Give the name and address of two character references:

1. _____

2. _____

How did you hear about the Citizen Police Academy? _____

Do you authorize the Independence Police Department to run a criminal history check?

Yes___ No___

Circle Your Shirt Size: Small Medium Large X-Large XX-Large

Signature: _____ Date: ____ / ____ / ____

For Office Use Only

Academy Number: _____ Start Date: _____

Accepted: _____ Declined: _____

Reason: _____

State Accredited Law Enforcement Agency