

CITIZEN POLICE ACADEMY

Application for Admission

Name: _____ Sex: _____ Date of Birth: _____

Address: _____

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

E-Mail address: _____

Driver's License: _____ State Issued: _____

Employer: _____ Occupation: _____

Employer Address: _____

Formal Education: Highest grade level completed: 8 9 10 11 12 13 14 15 16 17 18 18+

Criminal History: Have you ever been arrested and convicted of a crime other than traffic offenses?

Yes _____ No _____ If yes, please explain: _____

Emergency Contact: _____
Name Relationship

Emergency Contact Phone : (____) _____

How did you hear about the Academy? _____

What experience have you had with law enforcement?

Positive _____ Negative _____ In-between _____ Please explain: _____

If you have any special needs which require accommodation in order for you to participate in this program/service, please contact Officer Bobby Garcia at 303-651-8510 or Lynda Coonrod at 303-651-8523 in order to make arrangements.

I CERTIFY THAT THE INFORMATION CONTAINED IN THIS APPLICATION IS TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE. I ALSO GRANT PERMISSION FOR THE LONGMONT POLICE DEPARTMENT TO VERIFY THE ABOVE INFORMATION CONTAINED ON THIS APPLICATION AND CHECK FOR PRIOR CRIMINAL HISTORY.

Signature

Date