

### Hopkinsville Police Department

### Citizen's Police Academy Application

**FULL LEGAL NAME:** \_\_\_\_\_  
(Last Name) (First) (Middle)

Sex: (M) (F) Date of Birth: \_\_\_/\_\_\_/\_\_\_ Social Security Number: \_\_\_-\_\_\_-\_\_\_

**Current Address:** \_\_\_\_\_  
(Street Address) (Apt. Number)

\_\_\_\_\_  
(City) (State) (Zip Code)

Home Telephone: \_\_\_\_\_

**Employer:** \_\_\_\_\_ **Occupation:** \_\_\_\_\_

**Work Address:** \_\_\_\_\_  
(Street Address) (Apt. Number)

\_\_\_\_\_  
(City) (State) (Zip Code)

Work Telephone: \_\_\_\_\_

List any organizations that are affiliated with: \_\_\_\_\_

**Briefly state why you would like to attend the CITIZEN'S POLICE ACADEMY:**

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

**Please Read**

Your signature on this form indicates you are granting permission for the Hopkinsville Police Department to conduct a Criminal History check on your background, prior to your participation in the Citizen's Police Academy. It is further agreed that should this Criminal History check reveal any convictions of a criminal nature, the Hopkinsville Police Department may, at their discretion, disallow your participation in this program.

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_