

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: _____ **E/Mail Address:** _____

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: _____