

Citizens' Police Academy Application



1. NAME: _____
LAST FIRST MIDDLE
2. ALIAS/MAIDEN _____ DATE OF BIRTH _____
3. ADDRESS: _____
STREET - APT # CITY ZIP
4. TELEPHONE NUMBER - HOME: _____ WORK: _____ CELL: _____
E-MAIL ADDRESS _____
5. DRIVER'S LICENSE: STATE _____ NO. # _____
EXPIRATION DATE _____ IS LICENSE CURRENTLY VALID: YES / NO
6. HAVE YOU EVER BEEN CONVICTED OF FELONY OR MISDEMEANOR CRIME? YES / NO (IF YES, EXPLAIN WHERE, WHEN, AND DISPOSITION):

7. PLACE OF EMPLOYMENT: _____
ADDRESS: _____
DUTIES PERFORMED: _____
8. HOW DO YOU FEEL THE CITIZENS' POLICE ACADEMY WILL BENEFIT YOU?

9. WHAT IS YOUR OPINION OF THE LONGVIEW / KELSO POLICE AND COWLITZ COUNTY SHERIFFS OFFICE?

10. HAVE YOU EVER ATTENDED THE CITIZENS' ACADEMY IN THE PAST? YES / NO DATE ATTENDED: _____
11. HOW DID YOU HEAR ABOUT THE CITIZENS' ACADEMY? _____

**I HEREBY CERTIFY THAT THE ANSWERS ARE TRUE AND CORRECT.
BY MY SIGNATURE BELOW, I AUTHORIZE ANY OF THE ACADEMY LAW ENFORCEMENT AGENCIES TO DO A CRIMINAL HISTORY AND
BACKGROUND CHECK FOR THE PURPOSES OF THIS ACADEMY.**

_____ Signature	_____ Date
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