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**

Deadline is **February 10th, 2016**, please return this application to either the Cowlitz County Sheriff's Office - 312 SW 1st Ave, Kelso, WA 98626 - Kelso Police Department – 201 S. Pacific Ave, Kelso, WA 98626 - Longview Police Department - 1351 Hudson Street, Longview, WA 98632