

**CLINTON POLICE DEPARTMENT
CITIZENS POLICE ACADEMY APPLICATION**

NAME: _____

ADDRESS: _____

TELEPHONE: (HOME) _____

DATE OF BIRTH: _____

DRIVERS LICENSE NUMBER: _____

STATE OF ISSUANCE: _____

NAME OF EMPLOYER: _____

ADDRESS OF EMPLOYER: _____

TELEPHONE NUMBER: (WORK) _____

LIST 3 REFERENCES:

<u>NAME:</u>	<u>ADDRESS</u>	<u>TELEPHONE</u>
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____

HAVE YOU EVER BEEN ARRESTED OR CHARGED WITH A CRIMINAL OFFENSE?

NO **YES** **IF YES COMPLETE BELOW**

OFFENSE CHARGED: _____

LAW ENFORCEMENT AGENCY: _____

DATE: _____

EXPLANATION:

Emergency contact information:

Name: _____ **Relationship:** _____

Phone Number: _____

Address (If different from yours): _____

Shirt Size (S, M, L, XL, XXL): _____

Applicant's Signature: _____

Department Use Only:

Date Received: _____

Reviewed By: _____

Date Applicant Contacted: _____