CITIZEN POLICE ACADEMY
APPLICATION FOR ENROLLMENT

Name: _____

Home Address: _____
Street City Zip

Home Phone: _____ Emergency Contact Number: _____

Date of Birth: _____ Social Security Number: _____

Driver's License #: _____ State: _____

Have you ever been arrested or convicted of a crime? Yes or No. If yes explain:
_____
(Use back if necessary)

How did you first hear about the Citizen Police Academy? _____
_____

Why do you wish to attend the Citizen Police Academy? _____
_____
(Use back if necessary)

Give Name, Address, and phone number of two character references:

1. _____

2. _____

In consideration of my application to attend the Citizen Police Academy, I give the Lake Jackson Police Department permission to check my personal background, references and to conduct other background checks as necessary to insure the integrity of the class. The above information is correct to the best of my knowledge.

Applicant: _____ Date: _____
Signature

Mail completed and signed application to:
CPA
5A Oak Drive
Lake Jackson, Texas 77566