

Springfield Police Department

Citizen Police Academy



Citizen Police Academy Participant Application

All classes will be held at the Springfield Police Department's facility at 802 Willow St. The class duration is 9 weeks and will be held from 6:00 PM to 9:00 PM on Tuesday nights.

Name (First,Middle,Last): _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: (Home) _____ (Cell) _____ Date of Birth: _____

E-mail Address: _____

Driver's License Number: _____ State _____

Do you have a firearms carry permit? Yes _____ No _____

Have you applied before? Yes _____ No _____

If yes, when did you apply? _____

Describe in your own words why you want to attend the Citizens Police Academy.

Employment Information

Place of Employment: _____ Phone Number: _____

Address of Employer: _____

Position: _____

Background Data: Please Circle yes or no

- | | |
|---|-----------|
| 1) Is your Driver license valid at this time?..... | Yes or No |
| 2) Have you ever been convicted of a felony?..... | Yes or No |
| 3) Have you ever been convicted of a theft?..... | Yes or No |
| 4) Have you ever been convicted of a domestic related offense?..... | Yes or No |
| 5) Have you ever been convicted of a drug related offense?..... | Yes or No |
| 6) Have you ever been convicted of a DUI?..... | Yes or No |

Use the following space to provide any details you would like to add about any of your answers.

This training is not designed to certify citizens to perform law enforcement services. I certify the statements made on this application are true and complete, and hereby authorize the Springfield Police Department to conduct a background check to further consider this application. I further agree that I will comply with all instructions during my time at the Springfield Police Citizen Police Academy.

Signature of Applicant _____ **Date** _____

THIS IS NOT AN EMPLOYMENT APPLICATION

RETURN THIS FORM TO THE FRONT DESK AT 802 WILLOW ST.