

**BELLEFONTAINE POLICE DEPARTMENT
CITIZENS' POLICE ACADEMY
STUDENT APPLICATION**

Name: _____
Last First Middle

Address: _____
Number Street Apt #

_____ City State Zip

Shirt Size (*circle one*)
 Mens Womens
 S M L XL 2XL 3XL

Email: _____

Daytime Telephone Number: (____) _____ - _____

Mobile Telephone Number: (____) _____ - _____

Date of Birth: _____ / _____ / _____

Driver's License (State): _____ (Number) _____

Social Security Number: _____ - _____ - _____

Place of Birth: _____ / _____
City State

Current or Last Place of Employment
 Company Name: _____

Company Address: _____

_____ / _____ / _____
City State Zip

Phone: _____

Occupation: _____

Arrest Record

Have you ever been arrested? Yes _____ No _____
 (If yes, complete the following)

	<u>Charge</u>	<u>City and State</u>
1.	_____	_____
2.	_____	_____

Date of Charge

Disposition of Charge

1. _____

2. _____

Additional Charges listed on back of application.

Has your driver's license ever been suspended or revoked? Yes_____ No_____ (If yes, give date, location and reason).

In the space provided below, please tell us why you wish to attend the Citizens Police Academy.

RELEASE FORM

I, the undersigned, give permission to the Bellefontaine Police Department to conduct a complete and thorough background investigation of myself for the sole purpose of determining my qualifications to become a member of the Citizens Police Academy. Furthermore, I swear that all information given on my application is true and correct to the best of my knowledge.

Applicant's Signature

Date

Recommended Coordinator: _____ Approved Chief of Police: _____

YES NO

YES NO