



KILGORE POLICE DEPARTMENT **CITIZENS' POLICE ACADEMY**



GENERAL INFORMATION:

_____	_____	_____
Last Name	First Name	MI
_____	_____	_____
Address	City	Zip Code
_____	_____	
Home Phone #	Work Phone #	
_____	_____	_____
Email	DOB	Driver's License #
_____	_____	_____
Employer	Position	
_____	_____	
Date of Employment	Years of Service	

ACADEMIC INFORMATION:

How many years of formal education have you completed? (Check appropriate box.)

<input type="checkbox"/> High School	<input type="checkbox"/> GED	<input type="checkbox"/> Other
<input type="checkbox"/> 1 Yr. College	<input type="checkbox"/> 2 Yrs. College	<input type="checkbox"/> 3 Yrs. College
<input type="checkbox"/> 4 Yrs. College	<input type="checkbox"/> Master Degree	<input type="checkbox"/> Post Graduate

EMERGENCY CONTACTS:

_____	_____	_____
Name	Relation	Phone #
_____	_____	_____
Alt. Phone #	Address	
_____	_____	_____
Name	Relation	Phone #
_____	_____	_____
Alt. Phone #	Address	

CRIMINAL HISTORY INFORMATION:

A criminal check will be required as part of your application process.

List three persons as references not related to you.

Name: _____ Address: _____

Telephone #: _____ Profession: _____

Name: _____ Address: _____

Telephone #: _____ Profession: _____

Name: _____ Address: _____

Telephone #: _____ Profession: _____

What is your objective in attending the Citizens Police Academy?

Have you ever been active in any group or organization, which was related to Law Enforcement?

Please check the statement below after you read it.

The information I have given is true to the best of my knowledge.

Signature

Date

AUTHORIZATION TO RELEASE INFORMATION

To: _____

I hereby request and authorize you to furnish the Kilgore Police Department with any and all information they may request concerning my work record, criminal record, general reputation, and past or present medical condition. This information will only be used for the purpose of determining my eligibility for attending the Citizens Police Academy.

Applicant's Signature: _____

Date: _____

NOTE: This form may be retained in your files.

Returned to Kilgore Police Department: _____, 20__.