

**LaVergne Police Department
Citizen Police Academy Application**

Date:

Full Name:

Phone: Work:

Home:

Other:

E-Mail:

Mailing Address:

Date of Birth:

Place of Birth:

Male: _____ Female _____ Race: _____ S.S.#:

Driver License Number and State:

Occupation and Title:

Employment/School:

Employment/School Address:

Physical Condition: Excellent _____ Good _____ Fair _____ Poor _____

Have you ever applied to be in a C.P.A. before? Yes _____ No _____

If yes, when and where?

Have you ever been arrested or received a citation for any offense other than a traffic or parking citation? If yes, explain. Yes _____ No _____

Character References

Name:

Phone:

Address:

Name:

Phone:

Address:

Student Information

1. Which hand do you predominantly use? Left _____ Right _____

2. What size do you want for your C.P.A. shirt?

Small _____ Medium _____ Large _____ X-Large _____ XX-Large _____

I understand and agree to let LaVergne Police Department conduct a criminal record check on me before I may obtain approval to attend and participate in the LaVergne Police Department Citizen Police Academy.

Signature

Date