



Springfield Police Department Citizen Police Academy Participant Application

- PARTICIPANTS MUST BE ABLE TO ATTEND AT LEAST 7 OF THE 9 CLASSES
- MUST BE 18 YEARS OF AGE TO ATTEND
- FORMS SHOULD BE RETURNED TO THE POLICE DEPARTMENT

Name (First, Middle, Last): _____

Address: _____

City: _____ State: _____ Zip: _____

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

E-mail Address: _____

Driver's License Number: _____ State _____

Will you be able to attend 7 or more class sessions? 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: _____

City: _____ State: _____ Zip: _____

Position: _____

Background Data: YES NO

1) Is your Driver license valid at this time?.....

2) Have you ever been convicted of a felony?.....

3) Have you ever been convicted of a theft?.....

4) Have you ever been convicted of a domestic related offense?.....

5) Have you ever been convicted of a drug related offense?.....

6) Have you ever been convicted of a DUI?.....

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

All classes will be held at the Springfield Police Department's facility located at 802 Willow St. The class duration is 9 sessions, most of which will be held from 6:00 PM to 9:00 PM on Thursday nights, with 2 sessions to be held on Saturday. This training is not designed to certify citizens to preform law enforcement services. I certify the 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 APPLICATION FOR EMPLOYMENT