

Fayetteville Police Department

Citizens Police Academy

Application

Please print neatly or type. Incomplete applications will **NOT** be processed.

Name _____ D.O.B. ___/___/___
Last First MI/Maiden Name

Address _____ City _____ Zip _____

Race _____ Sex _____ Home Phone _____ Work Phone _____

Drivers License # _____ State _____ SSN# _____

Employer _____ Occupation _____

Employer Address _____

Emergency Contact (Name and Tel#) _____

How did you hear about the academy? _____

Have you ever been arrested? Yes _____ No _____

Have you ever been convicted of a crime? Yes _____ No _____

If Yes, please explain when, where and what for.

Please explain a positive or negative encounter with law enforcement.

List any Community Group you have been involved with (past and present)

Please list your hobbies and/or special interests?

If you have any special needs that require accommodation in order for you to attend this program, please contact the Fayetteville Police Department Training Center at (910) 433-1903.

Please circle your shirt size: Small Medium Large Xlarge XXlarge

Please list two references (name, address, telephone number)

I certify that the information in this application is true and complete to the best of my knowledge. I also grant permission to the Fayetteville Police Department to verify the information contained in this application and to review my criminal history.

Signed _____ Date _____

Please forward your completed application to:

Fayetteville Police Department Training Center
Attention: Cathy Bell
671 North Eastern Blvd.
Fayetteville, N. C. 28301