DECATUR POLICE DEPARTMENT

Application for the

CITIZENS POLICE ACADEMY

Name: _____ Birth Date: ____/____/_____
First Middle Last Day Mon Yr

Address: _____AL_____356___
Street Apt City State Zip

Sex: _____ Race: _____ Social Security Number: _____

Primary Phone: _____ Alternate Phone: _____ e-mail _____

Driver's License Number: _____State:_____

Have you ever been arrested? YES/NO IF YES, FELONY? _____MISDEAMEANOR?_____
IF YES, WHERE WERE YOU ARRESTED? _____
Outcome of the case: _____
Please explain: _____

How long have you lived in Decatur? _____ Years _____Months

If you have lived in Decatur less than 5 years, please give the previous city, county, and state of previous residence
_____

Place of employment: _____

Occupation: _____ Work phone: _____

With what organizations are you affiliated (Civic, Veteran, Neighborhood, etc.)?
_____

What generated your interest in this program? Newspaper ___ Television ___ Community ____
Employer ____ Other_____

I hereby certify that the information contained in this application is true and complete to the best of my knowledge. The Decatur Police Department is hereby authorized to make any investigation of my personal history as deemed necessary for consideration to attend the Citizens Police Academy.

_____ _____
Signature of Applicant Date

After completing application return it to:

DECATUR POLICE DEPARTMENT
COMMUNITY RESOURCE UNIT
P.O. BOX 488
DECATUR, AL 35602

Privacy Act Statement This form is used only to determine eligibility to enter the Citizens Police Academy. The gender and race information requested is used solely to differentiate between candidates with the same or similar names and same birth dates. Neither is a consideration for selection to attend the Citizens Police Academy. Rev. 7/14