



**City of Derby
Citizens Police Academy Application**

Date: _____

Name: _____

Date of Birth: _____

Address: _____

City/State/Zip: _____

Work Phone: _____ Home Phone: _____

Social Security Number: _____

Driver's License Number: _____

Employer: _____

Occupation: _____

Employer's Address: _____

Have you been arrested for an offense other than traffic? Yes No

If yes, what was the offense and when and where did it occur?

List any civic activities/organizations you're involved in:

What kind of experience with law enforcement have you had? Positive Negative

Briefly explain:

Please tell us why you're interested in the Citizens Police Academy:

What do you expect to gain from attending the academy?

Person to be contacted in case of emergency:

Name: _____

Address: _____

Relationship: _____

Phone: _____

Liability Waiver

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

Signature: _____

Date: _____