

**Springfield Police Division
Citizen Police Academy Application**

1. Name _____
Last First Middle Maiden

2. Social Security Number _____ Date of Birth _____

3. Home Address _____
Street Apt.

City State Zip Code

4. Mailing Address _____
(If different from home address)

5. Telephone- Home _____ Office _____ Message _____

6. Driver's License Number: _____ State: _____
Expiration Date: _____ Is this License currently valid? Yes ___ No ___

7. Have you ever been convicted of a felony? Yes ___ No ___

Have you ever been convicted of a misdemeanor? Yes ___ No ___

If the answer is Yes explain when, where and the disposition of the case

Please use the back of the application if additional space is necessary

8. Do you currently have any criminal or traffic charges pending in any jurisdiction? Yes ___ No ___
Please explain _____

9. Place of Employment _____
Address: _____
Street City State Zip Code

Duties Performed _____

10. Why do you wish to attend the Citizen Police Academy?

11. Do you currently have a family member working for the Springfield Police Division? Yes ___ No ___
If Yes, please list the name of this family member _____

(OVER)

I certify that all statements made on this application are true and complete. I hereby authorize the Springfield Police Division to conduct a background investigation and to make an examination of the listed information for the purpose of evaluating my application. I understand that any omission or false statement on this application may disqualify me to attend the Citizen Police Academy.

Incomplete and/or unsigned applications will not be considered.

Signature

Date

E-Mail address (if applicable)_____