



# CITIZEN POLICE ACADEMY

## SALEM POLICE DEPARTMENT CITIZEN POLICE ACADEMY APPLICATION

PLEASE PRINT LEGIBLY USING BLACK OR BLUE INK.

LAST NAME \_\_\_\_\_ FIRST \_\_\_\_\_ MIDDLE \_\_\_\_\_

OTHER NAMES USED (MAIDEN, ALIAS, PREVIOUS MARRIAGE) \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

DATE OF BIRTH \_\_\_\_\_ GENDER \_\_\_\_\_

DRIVER LICENSE/ID NO. † \_\_\_\_\_ SOCIAL SECURITY NO. (OPTIONAL) \_\_\_\_\_

PHONE-DAY \_\_\_\_\_ PHONE -EVES \_\_\_\_\_ MOBILE \_\_\_\_\_

AUTO INSURANCE POLICY †: COMPANY \_\_\_\_\_ NO. \_\_\_\_\_

† PLEASE ENCLOSE A COPY OF THESE DOCUMENTS.

NAME OF EMERGENCY CONTACT: LAST \_\_\_\_\_ FIRST \_\_\_\_\_

RELATIONSHIP \_\_\_\_\_ PHONE - DAY \_\_\_\_\_ PHONE - EVES \_\_\_\_\_

HAVE YOU EVER BEEN CONVICTED OF A CRIMINAL OFFENSE? NO  YES   
IF YES, PLEASE EXPLAIN ON A SEPARATE SHEET OF PAPER AND INCLUDE DATE, LOCATION & DISPOSITION.

HAVE YOU HAD ANY MISDEMEANOR ARRESTS? NO  YES   
IF YES, PLEASE EXPLAIN ON A SEPARATE SHEET OF PAPER AND INCLUDE DATE, LOCATION & DISPOSITION.

BRIEFLY EXPLAIN WHY WANT TO PARTICIPATE IN THE CITIZEN POLICE ACADEMY. \_\_\_\_\_  
\_\_\_\_\_

DESCRIBE YOUR EXPERIENCE WITH LAW ENFORCEMENT. POSITIVE  NEGATIVE  MIXED  PLEASE EXPLAIN BRIEFLY.

DO YOU HAVE A PHYSICAL OR MEDICAL CONDITION(S) THAT MIGHT LIMIT YOUR PARTICIPATION? PLEASE EXPLAIN.  
\_\_\_\_\_

CURRENT EMPLOYER INFO: COMPANY \_\_\_\_\_ POSITION \_\_\_\_\_

ADDRESS \_\_\_\_\_ SUPERVISOR \_\_\_\_\_

PHONE \_\_\_\_\_ MAY WE CONTACT THEM? NO  YES

PLEASE LIST 3 PERSONAL REFERENCES WHO HAVE KNOWN YOU AT LEAST 2 YEARS.

NAME \_\_\_\_\_ ADDRESS \_\_\_\_\_ PHONE \_\_\_\_\_

NAME \_\_\_\_\_ ADDRESS \_\_\_\_\_ PHONE \_\_\_\_\_

NAME \_\_\_\_\_ ADDRESS \_\_\_\_\_ PHONE \_\_\_\_\_

I CERTIFY THAT THE INFORMATION PROVIDED IS TRUE, COMPLETE, AND ACCURATE TO THE BEST OF MY KNOWLEDGE.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_