



Countryside and Hodgkins Citizens Police Academy Application



APPLICANT:

Full Name: _____ DOB: _____ Gender: _____

Address: _____

Home Phone: _____ Mobile Phone: _____

Last Four Digits of Social Security #: _____ Email Address: _____

EMPLOYMENT:

Name of Employer: _____

Address: _____

City: _____ Zip: _____ Phone: _____

BACKGROUND: (if additional space is needed, please use the back of this application)

How did you hear about the Citizen's Police Academy?

What do you expect to gain after going through this program? Explain briefly.

What are your hobbies or special interests?

Have you ever been arrested for, convicted of, or cited for an offense other than a traffic violation?

Yes No If yes, explain below the dates, charges, places, and actions taken.

CERTIFICATION & SIGNATURE

Please review your answers carefully and read the statement below before signing this application.

I hereby certify that I am 18 years old or older and that there are no willful misrepresentations, omissions, or falsifications in the foregoing statements and answers to questions. I understand that any omission or false statement on this application shall be sufficient cause for rejection of enrollment or dismissal from the Countryside & Hodgkins Citizens Police Academy. I understand that all participation in this program is not to train citizens to become officers. Rather, the goal and purpose of this program is to educate citizens regarding the purpose, rationale, and context of police procedures. I will abide by all rules and regulations set forth by the Countryside & Hodgkins Police Departments and the City of Countryside & Village of Hodgkins, and provide my own transportation. I further understand that the Countryside or Hodgkins Police Department will conduct a background investigation that may include, but not limited to, fingerprinting, any criminal history, employment history, and personal references.

Applicant's Signature: _____ Date: _____

Full Name: _____

ADDITIONAL INFORMATION: