



Citizens Police Academy Application Packet

Date of Application: _____

APPLICATION

Please fill out the enclosed application and return the completed form to the Williston Police Department no later than **March 23rd, 2018**. After the applications are processed and the selection process is complete, you will receive a confirmation email with details about the academy. Classes are scheduled to begin on April 3rd, 2018.

_____	_____	_____
Last Name	First Name	Middle Initial
_____	_____	_____
Address	City	Zip Code
_____	_____	_____
Employer	Occupation	Employer's Address

Driver's License State: _____ Driver's License #: _____

Date of Birth: _____

Home Phone: (____) _____ Cell Phone: (____) _____ Work Phone: (____) _____

Email address: _____

Please list one personal reference that is not related to you.

Name: _____

Address: _____

Phone: (W) _____ (H) _____

Have you ever been arrested or convicted of a crime, to include deferred imposition and dismissals other than a traffic offense?

- No Yes- Please List.

Please List or describe any civic activities/organization you are or have been involved in:



What experience have you had with Law Enforcement? Positive or Negative.

Briefly explain your interest in the Citizens Police Academy.

What do you expect to gain from attending this Academy?

Will you be able to attend all of the class sessions? Yes _____ No _____

Is there currently a protection/restraining order against you?

- No Yes-Please List.

Are you a fugitive from Justice?

- No Yes-Please List.

Where did you hear about the Citizen Academy?



List a contact person in case of an emergency during your attendance at the Citizen's Police Academy.

Name _____ Relationship _____
Address _____ Telephone # _____

I certify the answers to all these questions are true and correct to the best of my knowledge. I authorize any individual, company, organization or institution to release any and all information concerning statements made by me on this application, and I hereby release all parties and individuals connected there with from all liabilities for any damages whatsoever incurred in furnishing such information. You are hereby authorized to make any investigations of my personal history deemed necessary for consideration to attend the Citizen's Police Academy. I understand the making of any false or misleading statements or answer with respect to this application will result in the removal from the selection process.

Date: _____ Applicant Signature: _____

ANY LINES NOT FILLED IN OR ARE INACCURATE WILL BE VIEWED AS AN INCOMPLETE APPLICATION AND AUTOMATICALLY NOT CONSIDERED.

