

OLYMPIA FIELDS POLICE DEPARTMENT

Citizen Police Academy Application

1. Name: _____
Last First Middle

2. Date Of Birth: _____

3. Address: _____
Street Address Apt # City State Zip

4. Phone Numbers – Home: _____ Work: _____

5. Emergency Contact: _____
Name Relationship Phone#

6. Driver License Number: _____ State: _____

7. Have you ever been arrested? Yes _____ No _____

If yes, please explain where, when, and the disposition:

8. Place of Employment: _____ Occupation: _____

Address: _____
Street Address Apt # City State Zip

9. Why are you interested in attending the Olympia Fields Police Citizen Police Academy?

I certify that all statements made on this application are true and complete. I agree and understand that any deliberate misstatements or omissions of material facts may disqualify me from attending the Citizens Police Academy. My signature below acknowledges my understanding and agreement with the material provided.

Applicant must be at least 21 years old and reside or work with The Village Of Olympia Fields

SIGNATURE _____ DATE _____