

NORTH ST. LOUIS COUNTY MUNICIPAL POLICE
CHIEFS ASSOCIATION
IN CONJUNCTION WITH
FERGUSON POLICE DEPARTMENT

CITIZEN POLICE ACADEMY

PLEASE TYPE OR PRINT

NAME: _____
Last First Middle

SOCIAL SECURITY NUMBER: _____ / _____ / _____

DATE OF BIRTH: _____ SHIRT SIZE: _____

PRESENT ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

HOME PHONE: _____ BUS: _____

OCCUPATION: _____

PLEASE ANSWER THE FOLLOWING QUESTIONS "YES" OR "NO".

- | | | |
|---|---------------------------------|--------------------------------|
| 1. ARE YOU AT LEAST 18 YEARS OF AGE? | YES
<input type="checkbox"/> | NO
<input type="checkbox"/> |
| 2.- HAVE YOU EVER BEEN ARRESTED FOR A MISDEMENOR OR FELON? | YES
<input type="checkbox"/> | NO
<input type="checkbox"/> |
| 3. HAVE YOU EVER BEEN CONVICTED OF A MISDEMEANOR OR FELONY? | YES
<input type="checkbox"/> | NO
<input type="checkbox"/> |

"POLICE RECORD CHECKS WILL BE COMPLETED ON ALL APPLICANTS"

CITIZEN POLICE ACADEMY APPLICANTS WILL BE NOTIFIED BY PHONE AND /OR MAIL TO CONFIRM REGISTRATION.

PLEASE RETURN COMPLETED APPLICATION TO YOUR POLICE DEPARTMENT.

ALL APPLICANTS MUST SIGN APPLICATION TO BE CONSIDERED A CANDIDATE FOR THE CITIZEN POLICE ACADEMY. THIS SIGNATURE GIVES YOUR AUTHORIZATION FOR A POLICE RECORD CHECK.

SIGNATURE: _____ DATE: _____