OAKWOOD CITIZENS' POLICE ACADEMY APPLICATION FORM NAME: MR. MISS. MRS. FIRST MIDDLE INIITAL LAST ___CITY/STATE:_____ZIP_____ STREET ADDRESS: Work Phone: ______Cell Phone: _____ Home Phone: IF YES, HOW LONG?____EMAIL:___ ARE YOU AN OAKWOOD RESIDENT? ☐ YES ☐ NO IF YES, HOW LONG?_____ ARE YOU AN OAKWOOD EMPLOYEE? ☐ YES ☐ NO BUSINESS NAME: BUSINESS ADDRESS: EDUCATION HIGH SCHOOL ATTENDED: DATE GRADUATED ______Degree/Major:____ COLLEGE ATTENDED: PERSONAL TRAINING/EDUCATION: HAVE YOU EVER ATTENDED ANY OTHER CITIZENS' POLICE ACADEMY? ☐ YES ☐ NO IF YES, WHERE?_____ HAVE YOU EVER BEEN DENIED ADMITTANCE TO ANY CITIZENS' POLICE ACADEMY? ☐ YES ☐ NO BACKGROUND PLEASE EXPLAIN WHY YOU WISH TO ENROLL IN THE OAKWOOD POLICE DEPARTMENT'S CITIZENS' POLICE ACADEMY. Have you ever been arrested for, convicted of, or cited for any offense (other than a traffic fine) of \$200 or less? ☐ yes ☐ no IF YOU ANSWERED YES, ON A SEPARATE SHEET OF PAPER, PLEASE EXPLAIN YOUR ARREST IN DETAIL, LISTING APPROPRIATE DATES, CHARGES, LOCATIONS AND ACTIONS TAKEN BY THE COURT SYSTEM. **EMPLOYMENT** ADDRESS: Present employer: TITLE: PHONE: DATE HIRED: SUPERVISOR:____ PREVIOUS EMPLOYER: ADDRESS: SUPERVISOR: REFERENCES Personal Reference No. 1: _RELATIONSHIP: PHONE:____ Address: Personal Reference No. 2: RELATIONSHIP:_____ PHONE: Address: EMERGENCY CONTACT ______PHONE:_______PHONE:_____ EMERGENCY CONTACT: LIST ANY KNOWN MEDICAL CONDITIONS AND MEDICATIONS: ALL INFORMATION CONTAINED ABOVE IS CORRECT TO THE BEST OF MY KNOWLEDGE. SIGNATURE:___