

OAKWOOD CITIZENS POLICE ACADEMY APPLICATION FORM

NAME: MR. MISS. MRS. _____ DOB: _____
FIRST MIDDLE INITIAL LAST

STREET ADDRESS: _____ CITY/STATE: _____ ZIP: _____

HOME PHONE: _____ WORK PHONE: _____ CELL PHONE: _____

EMAIL: _____

ARE YOU AN OAKWOOD RESIDENT? YES NO IF YES, HOW LONG? _____

DO YOU WORK IN OAKWOOD? YES NO IF YES, HOW LONG? _____

EDUCATION

HIGH SCHOOL ATTENDED: _____

COLLEGE ATTENDED: _____ DEGREE/MAJOR: _____

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 IF YES, WHERE? _____

EMPLOYMENT

PRESENT EMPLOYER: _____ ADDRESS: _____

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.

EMERGENCY CONTACT

EMERGENCY CONTACT: _____ RELATIONSHIP: _____ PHONE: _____

LIST ANY KNOWN MEDICAL CONDITIONS AND MEDICATIONS: _____

ALL INFORMATION CONTAINED ABOVE IS CORRECT TO THE BEST OF MY KNOWLEDGE.

SIGNATURE: _____ DATE: _____

PERSONS CONVICTED OF ANY FELONY, SEX-RELATED OFFENSES, OR DEFINED CRIME OF VIOLENCE WILL NOT BE ADMITTED INTO THE ACADEMY. OTHER ARRESTS/CONVICTIONS WILL BE CONSIDERED ON A CASE-BY-CASE BASIS. THE OAKWOOD SAFETY DEPARTMENT RESERVES THE RIGHT TO DENY ADMITTANCE TO THE ACADEMY.