

Kent Police Department Citizen Police Academy Application for Enrollment

Applicant must be 18 years-of-age to apply. Incomplete and/or unsigned applications are not considered.

PLEASE PRINT LEGIBLY

Date of application: _____

Name (last, first & middle): _____

Home address: _____

Contact phone number: _____

Drivers license number: _____ Email: _____

Social security number (will not be released to public): _____

Date of Birth: _____ Gender: _____ Shirt Size (Men's sizes only): _____

Have you ever been arrested, convicted, or cited for an offense other than a traffic offense (circle one)? YES NO

If yes, explain in detail noting the date, charge, location and action(s) taken against you:

Present employer, occupation, work address, and phone number:

Briefly explain why you want to be enrolled in the Kent Police Department Citizen Police Academy. Also list any other community activities in which you are involved: _____

List two character references who are not family / household members or employers:

1. Name: _____ Phone number: _____

Home address: _____

2. Name: _____ Phone number: _____

Home address: _____

Please review your answers carefully and read the statement below before signing and submitting this application.

I hereby certify there are no willful falsifications, omissions or misrepresentations in the foregoing statements and answers to questions. I also understand that any omission or false statement on this application is sufficient cause for rejection for enrollment or dismissal from the Kent Police Department Citizens Police Academy.

I understand the information contained in the application is considered public record and may be released to the media or others upon their request. I also understand that I may be photographed or videotaped by the media or the Kent Police Department during the course of this program. Pictures and/or images are used for press releases and information purposes only.

Some activities require walking and standing. Please inform us of any considerations and/or accommodations you may need if accepted into this program.

Signature: _____ Date: _____

Please return completed application packet to:
Kent Police Department
319 South Water Street
Kent, OH 44240