CITIZENS' POLICE ACADEMY
APPLICATION

1. NAME: _____
LAST FIRST MIDDLE

2. ALIAS_____ DATE OF BIRTH _____

3. ADDRESS: _____
STREET - APT # CITY ZIP

4. TELEPHONE NUMBER - HOME: _____OFFICE: _____ MESSAGE: _____

E-MAIL ADDRESS_____

5. DRIVER'S LICENSE: STATE _____ NO. # _____ CLASS _____

EXPIRATION DATE _____IS LICENSE CURRENTLY VALID: YES / NO

6. HAVE YOU EVER BEEN CONVICTED OF ANY FELONY? YES / NO . IF YES, EXPLAIN WHERE, WHEN, AND DISPOSITION:

_____

_____

7. PLACE OF EMPLOYMENT: _____

ADDRESS: _____

DUTIES PERFORMED: _____

8. HOW DO YOU FEEL THE CITIZENS' POLICE ACADEMY WILL BENEFIT YOU?

_____

_____

_____

9. WHAT IS YOUR OPINION OF THE SAN RAFAEL POLICE DEPARTMENT?

_____

_____

_____

10. HOW DID YOU HEAR ABOUT THE CITIZENS' ACADEMY? _____

I HEREBY CERTIFY THAT THE ANSWERS ARE TRUE AND CORRECT. BY MY SIGNATURE BELOW, I AUTHORIZE ANY OF THE ACADEMY LAW ENFORCEMENT AGENCIES TO DO A CRIMINAL HISTORY AND BACKGROUND CHECK FOR THE PURPOSES OF THIS ACADEMY.

_____ _____
Signature Date

Please return this application to the San Rafael Police Department-Attention Peggy Ruge-1400 Fifth Avenue, San Rafael, Ca 94901