



CITIZENS POLICE ACADEMY APPLICATION

GENERAL INFORMATION			
Last Name	First Name	Middle Initial	
Street Address	City	State	Zip
Home Phone Number	Email Address	Date of Birth	Social Security Number
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CRIMINAL CONVICTION
 Have you been convicted of a felony or misdemeanor? Yes No
 If yes, please explain:

Why are you interested in attending the Lakeside Park – Crestview Hills Police Department’s Citizens Academy?

EMERGENCY CONTACT			
Please list someone we may contact in case of an emergency			
Last Name	First Name		
Relationship	Phone Number	Alternate Phone Number	
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Street Address	City	State	Zip

I authorize the Chief of Police of the Lakeside Park/Crestview Hills Police Authority and any representative of the Lakeside Park/Crestview Hills Police Authority designated by the Chief of Police, to obtain information to include, but not limited to, my criminal history record, arrest, conviction, and any psychiatric/psychological record.

Signature

Date