



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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<p><u>CRIMINAL CONVICTION</u> Have you been convicted of a felony or misdemeanor? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, please explain:</p>

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

Shirt Size (please circle one): XS S M L XL XXL XXXL
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EMERGENCY CONTACT		
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Please list someone we may contact in case of an emergency		
Last Name	First Name	
Relationship	Phone Number	Alternate Phone Number

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