

CITIZEN POLICE ACADEMY

APPLICATION

1. NAME: _____
 LAST FIRST MIDDLE

2. ALIAS _____ DATE OF BIRTH _____

3. ADDRESS: _____
 STREET - APT # CITY ZIP

4. TELEPHONE NUMBER - HOME: _____ OFFICE: _____ CELL: _____
 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 CITIZEN POLICE ACADEMY WILL BENEFIT YOU?

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

10. HOW DID YOU HEAR ABOUT THE CITIZEN 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: Antonette Bullock -1400 Fifth Avenue, San Rafael, Ca 94901