

Citizen Police Academy Application

A JOINT PROJECT

WILL COUNTY SHERIFF'S DEPARTMENT-NEW LENOX POLICE DEPARTMENT-FRANKFORT POLICE DEPARTMENT-
MOKENA POLICE DEPARTMENT-MANHATTAN POLICE DEPARTMENT

Date of Application _____

Name _____ Date of Birth _____
Last First Middle

Address _____
Street City State Zip

Email Address (For notification purposes only) _____

Home Phone _____ Work Phone _____ Cell Phone _____

Soc /Sec# _____ Driver's Lic# _____

Employer _____ Occupation _____

Employers address _____
Street City State Zip

Have you been arrested for any offense other than traffic? _ Yes _ No

If yes, what for? _____ When? _____ Where? _____

Please briefly list or describe civic activities/organizations you are involved in:

What experience have you had with Law Enforcement? _ Positive _ Negative
Briefly explain:

Briefly explain your interest in the Citizen's Academy:

What do you expect to gain from attending the Citizen's Academy?

Person to contact in case of an emergency during your attendance at the Academy:

Name _____ Phone _____

WAIVER

I hereby certify that the information contained in this application is true and complete to the best of my knowledge. You are hereby authorized to make any investigation of my personal history deem necessary for consideration to attend the Citizen's Police Academy.

Signature _____ Date _____