

JUNCTION CITY POLICE DEPARTMENT

Citizens Police Academy



**** PLEASE PRINT**** **MUST BE 18 YEARS OF AGE**

APPLICANT INFORMATION						
First	Last	Maiden	M.I.	Gender	Race	Date of Birth
Street Address					Apartment/Unit #	
City			State		ZIP	
Phone		Alt Phone Number		E-Mail Address		
Social Security No				Employer Name		
Employer Address				Work Phone		
Driver's License #	St	Exp	Have you ever been convicted of a felony? If Yes, Explain.			
Preferred way of Notification:						
REFERENCES						
Name	1.				2.	
Relationship						
Company						
Phone						
How long have you known this person?						
GENERAL INFORMATION						
What is your objective in enrolling in the Citizen Academy?						

DISCLAIMER AND SIGNATURE	
<p>I hereby acknowledge that I have completed the above application completely and accurately to the best of my knowledge. I also acknowledge that the Junction City Police Department will be conducting a background investigation on me to determine my suitability for admission to the program. Permission is hereby granted to conduct a background investigation based on the information given in this application.</p>	
Signature	Date

Please return completed application to:
 Junction City Police Department Attn: SRO Edgar Torres or Sgt. Eliel Borges
 or by email: Eliel.Borges@junctioncity-KS.gov
 210 E 9th Street
 Junction City, KS 66441
 Office: 785-762-5912 Cell: 785-210-4757
 Fax: 785-762-3931