

Community Involvement Unit

JUNCTION CITY POLICE DEPARTMENT
 Citizen's Police Academy
 2013



**** PLEASE PRINT

APPLICANT INFORMATION					
First	Last	Maiden	M.I.	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		
Drivers 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 know this person?					
GENERAL INFORMATION					
<i>What is your objective in enrolling in the Citizen Academy?</i>					

DISCLAIMER AND SIGNATURE	
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.	
Signature	Date

Please return completed application to:
 Junction City Police Department Attn: Captain Chuck Leithoff
 210 E 9th Street
 Junction City, KS 66441
 Office: 785/762-5912
 Fax: 785/762-3931