

CITIZEN'S POLICE ACADEMY APPLICATION

THIS FORM CAN BE PRINTED AND INFORMATION CAN BE HANDWRITTEN OR THE FORM CAN BE OPENED, FILLED IN, AND PRINTED USING ADOBE ACROBAT READER. WHEN COMPLETED, APPLICATION MUST BE DELIVERED OR FAXED TO LAURIE DEMKO C/O THE MILFORD POLICE DEPARTMENT. FAX: (248)685-0543

APPLICANT NAME

LAST / FIRST / MIDDLE

ADDRESS

Address, Street, City, State, Zip

TELEPHONE #

ALTERNATE PHONE #

DATE OF BIRTH

DRIVER'S LICENSE #

RESIDENT OF

LENGTH OF RESIDENCY

Have you ever been convicted of any offense other than a minor traffic violation or juvenile offenses? If yes, give details and dates of convictions below. YES NO

Please explain briefly why you wish to be enrolled in the Lakes Area Citizen's Police Academy.

List any associations, clubs, or other organizations you belong to.

List your last (2) jobs held. Please state if you are retired, unemployed, homemaker, etc.

Name and Address of Current Employer:

Supervisor Name & Telephone #

Name and Address of Previous Employer:

Supervisor Name & Telephone #

List two immediate family members or close acquaintances that can be contacted in case of emergency.

#1 NAME & RELATIONSHIP

TELEPHONE #

ADDRESS

#2 NAME & RELATIONSHIP

TELEPHONE #

ADDRESS

CERTIFICATION: I hereby certify that there are no willful misrepresentations, omissions, or falsifications in the foregoing statements and answers to questions. I understand that any false statements on this application shall be sufficient cause for rejection of enrollment or dismissal. I further understand that a member of a participating agency will be conducting thorough background investigations that includes, but is not limited to, criminal history, employment history, and personal references.

DATE: _____

SIGNATURE OF APPLICANT: _____