

FREDERICKSBURG CITIZEN POLICE ACADEMY APPLICATION

THE NEXT CLASS STARTS TUESDAY – _____

Please return application to the Law Enforcement Center, 1601 E. Main St.
AS SOON AS POSSIBLE – YOU WILL BE NOTIFIED PRIOR TO START DATE

_____ Name (print clearly or type)	_____ Place of Employment
_____ Address	_____ Address
_____ City, State, Zip Code	_____ City, State, Zip Code
_____ Phone Number	_____ Phone Number
_____ Cell Phone Number	May we give your phone number to class members? Home _____ Work _____ (Write YES or NO)
_____ E-Mail	
_____ Previous address (if less than 2 years at present address)	_____ Profession (if retired, profession before retirement)
_____ Date of Birth	M _____ F _____ Sex
Any arrests (other than traffic)?	Drivers License # _____ YES _____ NO _____

If yes, for what offense _____

When _____ Where _____ Explain the Circumstances _____

Please read and sign:

I understand that prior to acceptance, applicants will be investigated for criminal offenses. A prior conviction will not automatically disqualify an applicant and will be considered only as it relates to the academy. The Fredericksburg Police Department is hereby authorized to investigate my personal history as deemed necessary for consideration to enter the Fredericksburg Citizen Police Academy.

Usual Signature of Applicant

Date

POLICE DEPARTMENT USE

Applicant Approved by _____ Date Approved _____