Citizen's Police Academy Application for Enrollment

Name: _____
First *M.* *Last*

Gender: *M* / *F*

Home Address: _____

_____

_____
City *State* *Zip*

Telephone: *H-* ( ) ____-_____

C- ( )____-_____

W- ( ) ____-_____

DOB: _____

Driver's License: _____

Present Employer: _____

_____

Email: _____

EMERGENCY CONTACT:

_____

TELEPHONE:
( ) _____ - _____

Personal Reference:

Name:

_____

Relationship:

_____

Address:

_____

_____

_____

Telephone:
( ) _____ - _____

I hereby authorize the Saratoga Springs Police Department to conduct a preliminary background investigation into my character, and any previous criminal activity. I realize that a prior criminal conviction may or may not necessarily disqualify me for admittance into the academy.

Signature _____

Date _____

Saratoga Springs Police Department

CITIZEN'S POLICE ACADEMY

Information and Application for Enrollment

(801) 766-6503