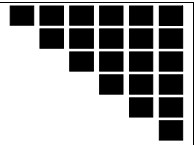




# CITIZEN POLICE ACADEMY



## APPLICATION FOR ENROLLMENT

**SPECIAL NOTE:** ATTENDANCE TO 10 OF THE 12 SESSIONS WILL BE REQUIRED IN ORDER TO RECEIVE A GRADUATION CERTIFICATE.

NAME LAST		FIRST	MIDDLE	DATE OF BIRTH	
ADDRESS			CITY	ZIP CODE	DRIVERS LICENSE NUMBER
HOME PHONE		BUSINESS PHONE		CELL PHONE	
HOW WERE YOU REFERRED TO THE CITIZEN POLICE ACADEMY (CPA)?			LIST ANY MEDICATIONS/ ALLERGIES/ AND/OR ACCOMMODATIONS WE MAY NEED TO BE AWARE OF.		
E-MAIL ADDRESS:			SHIRT SIZE (CIRCLE ONE)    S            M            L            XL		
EMPLOYER/BUSINESS NAME		EMERGENCY CONTACT NAME		PHONE NUMBER	

HAVE YOU EVER BEEN ARRESTED FOR A MISDEMEANOR OR FELONY OR ARE YOU CURRENTLY ON PAROLE OR PROBATION? (A BACKGROUND CHECK WILL BE CONDUCTED ON EACH APPLICANT. ANY INTENTIONAL MISREPRESENTATION WILL BE GROUNDS FOR IMMEDIATE DISMISSAL.)

NO     YES - IF YES PLEASE EXPLAIN:

I \_\_\_\_\_ HEREBY ACKNOWLEDGE THAT I HAVE COMPLETED THE ABOVE INFORMATION FULLY AND ACCURATELY. I UNDERSTAND AND GIVE MY PERMISSION, WITH RESPECT TO THE GURNEE POLICE DEPARTMENT, TO CONDUCT A BACKGROUND INVESTIGATION TO DETERMINE MY SUITABILITY FOR ADMISSION TO THIS PROGRAM.

SIGNATURE \_\_\_\_\_

DATE \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**COMPLETE AND RETURN TO:**

CPA COORDINATOR  
GURNEE POLICE DEPARTMENT  
100 NORTH O'PLAINE ROAD  
GURNEE, ILLINOIS 60031

**FOR FURTHER INFORMATION PLEASE CONTACT**

DEPUTY CHIEF KINCAID  
TELEPHONE 847-599-7050 • FAX 847-244-8678



THIS APPLICATION DOES NOT GUARANTEE ENROLLMENT. YOU WILL RECEIVE A CONFIRMATION PRIOR TO THE CLASS.