



**HINSDALE POLICE DEPARTMENT**  
**Citizen Police Academy**

**APPLICATION FORM**

**Please Print or Type:**

_____		_____		_____	
<b>Last Name</b>	<b>First Name</b>	<b>Middle Initial</b>			
_____		_____		_____	
<b>Street Address</b>	<b>City</b>	<b>State</b>	<b>Zip Code</b>		
_____		_____			
<b>Date of Birth</b>		<b>Home Telephone Number Including Area Code</b>			
_____		_____			
<b>Driver's License Number</b>		<b>Social Security Number</b>			
_____		_____			
<b>Your Occupation</b>		<b>Name of Your Employer</b>			
_____		_____			
<b>Address of Your Employer</b>		<b>Telephone Number</b>			
_____		_____			

**All applicants must live/or be employed in the Village of Hinsdale. Also, all applicants must be at least 18 years of age.**

**All information on the above application is true. I authorize the Hinsdale Police Department to conduct a background check based on this application.**

**A background check will be conducted on each applicant. The Hinsdale Police Department reserves the right to deny entry to the Academy based on the finding of said background check.**

**The Chief of Police reserves the right to determine additional criteria for selection of all applicants.**

\_\_\_\_\_  
**Your Signature** **Date**

**Return this form along with the signed liability waiver to:**  
**Officer Michael Coughlin**  
**Hinsdale Police Department**  
**121 Symonds Drive**  
**Hinsdale, IL 60521**