

HOFFMAN ESTATES POLICE DEPARTMENT
Citizen Police Academy Application

1. Name: _____
LAST FIRST MIDDLE

2. Date of Birth: _____

3. Address: _____
STREET ADDRESS, APT. # CITY STATE ZIP

4. Phone Numbers - Home: _____ Work: _____

Emergency, Contact: _____
NAME RELATIONSHIP PHONE #

5. Driver License Number: _____ State: _____

Class: _____ Expiration Date: _____ Is License Valid? Yes ___ No ___

6. Have you ever been arrested? Yes ___ No ___

If yes, please explain where, when and the disposition: _____

7. Place of Employment: _____ Occupation: _____

Address: _____
STREET ADDRESS, APT. # CITY STATE ZIP

8. Why are you interested in attending the Hoffman Estates Citizen Police Academy?

I certify that all statements made on this application are true and complete. I agree and understand that any deliberate misstatements or omissions of material facts may disqualify me from attending the Citizen Police Academy. My signature below acknowledges my understanding and agreement with the material provided.

Applicant must be at least 18 years old, and reside or work in Hoffman Estates.

SIGNATURE _____ DATE _____