

LINCOLN POLICE DEPARTMENT
CITIZEN POLICE ACADEMY
(APPLICATION)



1. Name: _____
Last First MI

2. Date of Birth: _____ Social Security #: _____

3. Address: _____
Street – Apt # City State Zip

4. Phone: Home: _____ Work: _____ Other: _____

In case of emergency contact: _____
Name, relationship and phone number

5. Drivers License Number: _____

State: _____ Class: _____ Exp. Date: _____

Is this drivers license currently valid? Yes _____ No _____

6. Have you ever been arrested for anything other than a traffic offense?
Yes _____ No _____ If YES to question number 6, explain where,
when and disposition: _____

7. Place of employment: _____
Street City State Zip

Duties Performed: _____

I certify that all statements made on this application are true and complete. I authorize any individual, company, organization or institution to release any and all information concerning statements made by me on this application, and I do hereby release all parties and individuals connected therewith from all liabilities for any damages whatsoever incurred in furnishing such information. I agree and understand that any deliberate misstatement or omission of material facts may disqualify me to attend the Citizens' Police Academy. My signature below acknowledges my understanding and agreement with material provided.

Signature

Date