



MORRIS POLICE DEPARTMENT
215 W. JEFFERSON ST.
MORRIS, IL 60450

CHIEF OF POLICE
BRENT DITE
(815) 942-2131
FAX
(815) 942-2853
WEB SITE
www.morrispolice.org

CITIZEN POLICE ACADEMY APPLICATION FORM

Name: _____
LAST FIRST MIDDLE

Address: _____
STREET CITY STATE ZIP

Previous Address (If present is less than 5 years)

Date of Birth : ____ / ____ / ____ Phone Number: _____

Driver's License Number: _____

Social Security Number: _____

Occupation: _____ Employer: _____

Employer's Address: _____

Length of Employment: ____ / ____ E-mail: _____
YEARS MONTHS

Personal reference we may contact:
Name: _____ Phone: _____

Member to Civic Clubs or Organization: _____

I would like to participate in the Morris Citizen Police Academy because: _____

All participants must live, work or belong to a club in Morris. Applicants must be 18 years old. A background check will be conducted on each applicant. The Morris Police Department reserves the right to deny entry into the academy based on the findings of the background check.

All the information on the above application is true. I authorize the Morris Police Department to conduct a background check.

Signature: _____ Date: _____