

QUINCY ILLINOIS POLICE DEPARTMENT
CITIZEN POLICE ACADEMY
APPLICATION FORM

Please Print Clearly

Name: _____
 Last First Middle

Maiden Name or Other Names Used: _____

Address: _____
 Street City State Zip

Date of Birth: _____ Sex: M F Phone #: _____
 Month / Day / Year (circle one) Area Code Number

Social Security #: _____ Driver's License #: _____

How long have you lived at your present address? Years _____ Months _____

Previous address): _____
(If less than five years at present address)

Occupation: _____ Length of Employment: Years _____ Months _____

Employers Name: _____ Address: _____

REFERENCES

List three personal references (Name, Address, Phone)

All applicants must live, work or own property in Quincy. They also must be no less than 21 years of age.

I, the undersigned, understand a background check will also be conducted on me. I also understand and agree to the fact that the Quincy Police Department reserves the right to deny entry into the Citizens Police Academy based on the findings of the background check and/or for any other lawful reason and is not required to disclose that reason to me.

Applicant's Signature: _____

Mail Application To:
Pro-Act Unit
C/O Quincy Police Dept.
110 South 8th Street
Quincy, IL. 62301

Date: _____