



**ROSELLE POLICE DEPARTMENT CITIZEN POLICE ACADEMY**

**APPLICATION**

Name: \_\_\_\_\_  
*Last First Middle*

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Date of Birth:	Social Security Number:
----------------	-------------------------

Address:	City/State:	Zip:
----------	-------------	------

In case of emergency contact: \_\_\_\_\_  
*Name / Relationship / Phone Number*

Driver's License Number:	State:	Class:	Expiration Date:
--------------------------	--------	--------	------------------

Is your driver's license valid?      Yes  No

Have you ever been arrested?      Yes  No

If yes, explain where, when and disposition:  
\_\_\_\_\_  
\_\_\_\_\_

Place of employment: \_\_\_\_\_

Employer's address: \_\_\_\_\_

Occupation: \_\_\_\_\_

Personal reference we may contact:    Name: \_\_\_\_\_    Phone: \_\_\_\_\_

List any members of the Roselle Police Department you know:	1. _____
	2. _____
	3. _____

Why are you interested in attending the Roselle Citizen Police Academy?  
\_\_\_\_\_  
\_\_\_\_\_

**All applicants must be at least 18 years of age and live or work in the Village of Roselle. A background check will be conducted on each applicant. The Roselle Police Department reserves the right to deny entry to the program based on findings of the background check.**

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

**SIGNATURE:** \_\_\_\_\_      **DATE:** \_\_\_\_\_