

**Streamwood Police Department  
Citizen Police Academy**

**Application Form**

Last Name: \_\_\_\_\_ First: \_\_\_\_\_ MI: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Phone: \_\_\_\_\_

Drivers License #: \_\_\_\_\_ SSN#: \_\_\_\_\_

How long have you lived at present address: \_\_\_\_\_ Years, \_\_\_\_\_ Months

Previous address *if less than five years at present address*: \_\_\_\_\_

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

Employer's Address: \_\_\_\_\_

Employer's Phone: \_\_\_\_\_

Length of employment: \_\_\_\_\_ Years, \_\_\_\_\_ Months

Personal reference we may contact:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

**All applicants must live in the Village of Streamwood.** They must also be at least 21 years of age. A background check will also be conducted on each applicant. The Streamwood Police Department reserves the right to deny entry to the Academy based on the findings of that background check.

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

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**FORM MUST BE RETURNED TO THE STREAMWOOD POLICE DEPARTMENT**