



**THORNTON POLICE DEPARTMENT**  
**NORBERT J. SCHLESSER, CHIEF OF POLICE**  
**JACK SWAN, VILLAGE PRESIDENT**

700 Park Avenue • Thornton, IL 60476  
Emergency 9-1-1 • Non Emergency (708) 877-2531  
Administration (708) 877-4440 • Fax (708) 877-5525

## Citizen Police Academy

### Application Form

Last Name: \_\_\_\_\_ First: \_\_\_\_\_ M.I.: \_\_\_\_\_

Address:  
Street: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

Driver License Number: \_\_\_\_\_

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

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

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

Employers Address: \_\_\_\_\_ Telephone: \_\_\_\_\_

Length of Employment: Years \_\_\_\_\_ Months \_\_\_\_\_

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

I verify that all the information on the above application is true. I authorize the Thornton Police Department to conduct a background check based on this application.

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

**Please return completed application to the Thornton Police Department.**