



ST. CHARLES
SINCE 1834

ST. CHARLES POLICE DEPARTMENT
CITIZEN POLICE ACADEMY APPLICATION

1. _____
Last First MI

2. Date of Birth: _____ Drivers License Number: _____

3. First name you commonly go by: _____

4. Address: _____

5. Telephone: Home: _____ Cell: _____

6. E-Mail Address: _____

7. Have you ever been convicted of a crime other than a traffic offense: Yes ___ No ___

If Yes was answered on question #7, please explain where, when, and the disposition:

8. Place of Employment: _____ Telephone: _____

Address: _____

Street City State Zip Code

Occupation/Title: _____

I certify that all statements made on this application are true and complete. I authorize any individual, company, organization, or institution to release to the St. Charles Police Department any and all information concerning statements made by me on this application, and do hereby release all parties and individuals connected therewith from all liabilities from any damages whatsoever incurred in furnishing such information. I agree and understand that any deliberate misstatement or omission of material facts may disqualify me to attend the Citizen Police Academy. My signature below acknowledges my understanding and agreement with the material provided.

Signature Date

