



CITY OF  
ST. CHARLES  
ILLINOIS • 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**

