



Powder Springs Police Department Citizen Police Academy APPLICATION



Last name _____ First name _____ MI _____ D.O.B. _____

Home address _____
Street City State Zip code

Home telephone _____ Work/cell _____

Emergency Contact Person _____ Telephone number _____

Can you fulfill the commitment to attend at least 80% of the Citizen Police Academy classes? Yes ___ No ___

Why do you want to participate in this program? _____

Is there a Law Enforcement topic, of interest, that you would like included in the Citizen Police Academy?

I UNDERSTAND THAT A CRIMINAL BACKGROUND CHECK WILL BE CONDUCTED USING THE INFORMATION I AM PROVIDING.

I UNDERSTAND THAT A PRIOR FELONY CONVICTION WILL PROHIBIT MY PARTICIPATION IN THE CITIZEN POLICE ACADEMY.

I hereby authorize the Powder Springs Police Department to receive any Georgia criminal history record information pertaining to me which may be in the files of any state or local criminal justice agency in Georgia.

SSN _____ Sex _____ Race _____

Signature _____ Date _____

COMPLETED APPLICATIONS SHOULD BE RETURNED TO THE POWDER SPRINGS POLICE DEPARTMENT AT 1114 RICHARD D. SAILORS PARKWAY IN POWDER SPRINGS, GA. IDENTIFICATION WITH PHOTOGRAPH WILL BE REQUIRED BEFORE THE BACKGROUND CHECK CAN BE COMPLETED.

For Department use only _____
