



## Fayetteville Police Department

### Citizens Police Academy

#### Application

Please print neatly or type. Incomplete applications will **NOT** be processed.

Name \_\_\_\_\_ D.O.B. \_\_\_/\_\_\_/\_\_\_  
Last First MI/Maiden Name

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Race \_\_\_\_\_ Sex \_\_\_\_\_ Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Email Address \_\_\_\_\_

Driver's License # \_\_\_\_\_ State \_\_\_\_\_ SSN# \_\_\_\_\_

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

Employer Address \_\_\_\_\_

Emergency Contact (Name and Tel#) \_\_\_\_\_

How did you hear about the academy? \_\_\_\_\_

Have you ever been arrested? Yes \_\_\_\_\_ No \_\_\_\_\_

Have you ever been convicted of a crime? Yes \_\_\_\_\_ No \_\_\_\_\_

If Yes, please explain when, where and what for.

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Please explain a positive or negative encounter with law enforcement.

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List any Community Group you have been involved with (past and present)

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Please list your hobbies and/or special interests?

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If you have any special needs that require accommodation in order for you to attend this program, please contact the Fayetteville Police Department Training Center at (910) 433-1903.

Please circle your shirt size: Small Medium Large Xlarge XXlarge

Please list two references (name, address, telephone number)

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I certify that the information in this application is true and complete to the best of my knowledge. I also grant permission to the Fayetteville Police Department to verify the information contained in this application and to review my criminal history.

Signed \_\_\_\_\_ Date \_\_\_\_\_

Please forward your completed application to:

Fayetteville Police Department Training Center

Attention: Diane Isaacs

671 North Eastern Blvd.

Fayetteville, N. C. 28301