



MORRISTOWN POLICE DEPARTMENT
CITIZEN'S POLICE ACADEMY #20
APPLICATION



NAME _____ SSN# _____ - ____ - _____

RACE _____ GENDER _____

ADDRESS _____ DOB ____ - ____ - ____

CITY _____ ST _____ ZIP _____

HOME PHONE# _____ WORK PHONE# _____

EMAIL ADDRESS _____

EDUCATION _____

OCCUPATION _____

REASON YOU WISH TO ATTEND:

HAVE YOU EVER BEEN CONVICTED OF A CRIME OTHER THAN A MINOR MOVING TRAFFIC CITATION (i.e. speeding, red light violation, stop sign, etc.)? IF SO PLEASE PROVIDE DETAILS INCLUDING THE CRIME COMMITTED, DATE, AND LOCATION.

FOR POLICE USE ONLY:
 CRIMINAL HISTORY CASE NUMBER _____

CITIZEN'S POLICE ACADEMY #20

REFERENCE SHEET:

PLEASE FILL IN THE FOLLOWING INFORMATION AND RETURN ALONG WITH YOUR COMPLETED APPLICATION. PLEASE PROVIDE THREE (3) PERSONAL REFERENCES THAT WE MAY CONTACT CONCERNING YOUR APPLICATION.

1. NAME _____
ADDRESS _____
CITY _____ STATE _____

HOME PHONE _____

WORK PHONE _____

RELATIONSHIP TO APPLICANT _____

2. NAME _____
ADDRESS _____
CITY _____ STATE _____

HOME PHONE _____

WORK PHONE _____

RELATIONSHIP TO APPLICANT _____

3. NAME _____
ADDRESS _____
CITY _____ STATE _____

HOME PHONE _____

WORK PHONE _____

RELATIONSHIP TO APPLICANT _____

***BY SIGNING AND RETURNING THIS APPLICATION YOU UNDERSTAND THAT THE MORRISTOWN POLICE DEPARTMENT WILL CONDUCT A BACKGROUND INVESTIGATION PRIOR TO ACCEPTANCE INTO THE CITIZENS POLICE ACADEMY.**

THE BACKGROUND INVESTIGATION WILL INCLUDE A CHECK OF ALL REFERENCES, AND A CRIMINAL HISTORY CHECK.

SIGNATURE: _____

DATE: _____

PLEASE FORWARD THIS COMPLETED APPLICATION TO:

**MORRISTOWN POLICE DEPARTMENT
C/O CITIZENS POLICE ACADEMY, TRAINING UNIT
P.O. BOX 1283
MORRISTOWN, TN 37816-1283**