



ADDISON POLICE DEPARTMENT CITIZENS POLICE ACADEMY APPLICATION FORM

Name _____
(Last) (First) (Middle Initial)

Address _____

City _____ State _____ Zip Code _____

Date of Birth _____

Home Phone (____) _____ Work Phone (____) _____

Driver's License Number _____

Business or Occupation _____

Business Address _____

City _____ State _____ Zip Code _____

Have you ever been arrested? Yes ___ No ___ If yes, give the name of the arresting agency, date of arrest and the charges placed against you.

[Other side]

Please describe why you want to attend this program:

Addison Police Department Waiver of Liability

The information provided throughout this application form is factual and accurate. I authorize the Addison Police Department to run a criminal history check as part of the background investigation. I have read the program description for the Addison Citizens Police Academy and understand that this training program will not authorize me to carry a firearm or exercise peace officer powers if I am allowed to participate.

Signature of Applicant

Date

Please return this signed application and the release of liability to:

Sergeant B. Lindstrom
Addison Police Department
3 Friendship Plaza
Addison, IL 60101