

Hope Mills 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_____

Drivers 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.

Please explain a positive or negative encounter with law enforcement.

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

Please list your hobbies and/or special interests?

If you have any special needs that require accommodation in order for you to attend this program, please contact the Hope Mills Police Department Training Center at (910) 429-3518.

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

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

Signed_____Date_____

Please forward your completed application to:

Hope Mills Police Department Training Center
Attention: Sgt. G.D. Gasch
5776 Rockfish Road.
Hope Mills, N. C. 28348