

Mobile Citizen's Police Academy

Forming a stronger union through Enlightenment and Cooperation

Application

(PLEASE PRINT)

Name: _____ Social Security # _____

Address: _____ City: _____ State: _____ Zip: _____

Date of Birth: _____ Race: _____ Sex: _____ Driver's License # _____

Home Telephone # _____ Work Telephone # _____

Employer: _____ Occupation / Title: _____

Address: _____ City: _____ State: _____ Zip: _____

Do you live in Mobile or its jurisdiction? Yes _____ No _____

In your own words, tell why you want to attend the Citizen's Academy _____

How did you find out about the Citizen's Academy? _____

List two (2) family members or close friends that we can contact in an emergency

Name: _____ Relationship: _____ Telephone # _____

Name: _____ Relationship: _____ Telephone # _____

Have you even been arrested/convicted of a crime? Yes _____ No _____ Explain below...

The Mobile Police Department will conduct a background Criminal History check on all applicants that apply to attend the Citizen's Police Academy for the purpose of determining prior arrest and convictions. By your signature below, you are authorizing the Mobile Police Department to conduct this investigation. Any information found to be untruthful will be grounds for immediate refusal of this course. PLEASE MAIL TO: POLICE DEPARTMENT ACADEMY, 1251 VIRGINIA ST., MOBILE, al 36604.

SIGNATURE: _____

Date: _____