

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# _____ **Cell Phone#** _____

Employer: _____ **Occupation/Title:** _____

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

Do you live in Mobile County or work in the City of Mobile? Yes _____ No _____

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

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

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

Name: _____ **Relationship:** _____ **Telephone#** _____

Name: _____ **Relationship:** _____ **Telephone#** _____

Have you ever attended a Mobile Citizen's Academy before? Yes _____ No _____

Have you ever 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 VIGINIA ST., MOBILE, AL 36604.

Signature: _____ **Date:** _____