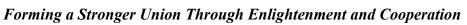


MOBILE CITIZENS POLICE ACADEMY





Application (Please Type or Print)			
Name:	Social Security #:		
Address:	_ City:	State:	Zip:
Date of Birth: Race Sex:	Driver	r's License #:	
Home Telephone #:	Cell Phone #:		
Employer:	Occupation/Title:		
Address:	_ City:	State:	Zip:
How long have you been with your current employer?			
Do you live, work, or own property (residence/business) in the service area of the Mobile Police Department?			
How did you find out about the Mobile Citizens Academy?			
Why do you want to attend the Mobile Citizens Academy?			
Please provide two (2) family members or close friends we can contact in case of an emergency			
Name:Relationshi	ip:	Telephone #:	
Name:Relationshi	ip:	Telephone #:	
Have you ever attended the Mobile Citizens Academy be	efore?	If yes, when?	
What is your perception of law enforcement? Positive Negative			
Have you ever been arrested and/or convicted of a crime?	? Yes N	lo	
If you have been arrested and/or convicted of a crime, please provide details:			
The Mobile Police Department will conduct a criminal history Academy for the purpose of determining prior arrests and confolice Department to conduct this investigation. Any informathis course. PLEASE RETURN COMPLETED APPLIC STREET, MOBILE, AL 36604.	onvictions. By your nation found to be u	r signature below, you ntruthful will be groun	are authorizing the Mobile ands for immediate refusal of
Signature:	Date:		