



Madera Police Department Citizen's Academy

Name: _____ Date of Birth: _____

Address: _____

City/Zip Code: _____

Email Address: _____

Driver's License #: _____ State: _____

Home Phone: _____ Cell Phone: _____

Employer: _____ Phone #: _____

Employer Address: _____

Occupation: _____

How did you hear about the Citizen's Academy? _____

Have you ever been arrested? Yes [] No [] If yes, please, please explain, including the date and location of arrest. If more space is needed, please attach an additional paper. _____

Have you ever been convicted of a criminal offense: Yes [] No [] I authorize the Madera Police Department to conduct a background investigation to obtain any information relating to my criminal history record for the purpose of deciding eligibility for the Citizen's Police Academy. If accepted as a participant in the academy, I agree to have no more than two absences during the eleven (11) week class schedule or I will not receive a certificate of completion and be dropped from the program. I also agree to abide by all rules and regulations.

Signature: _____ Date: _____