



CITIZEN POLICE ACADEMY APPLICATION

Please Print Clearly

Last Name: _____ First: _____ MI: _____

Address: _____ City: _____ Zip: _____

Date of Birth: _____ Telephone: (H) _____ (C) _____

Driver's License #: _____

E-mail Address: _____

How long have you lived at present address: Years _____ Months _____

Previous address, if at present address less than five years:

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

Occupation: _____ Employer: _____

Employer Address: _____

Employer Telephone #: _____ Length of employment: _____

How did you hear about our Academy? Website _____ Facebook _____ Friend _____
(Please indicate how you were referred) _____

All applicants must be at least 21 years of age, and live or work in the City of O'Fallon. A background check will be conducted on each applicant. The O'Fallon Police Department reserves the right to deny entry to the Citizen Police Academy based on findings from the background check.

All information on the above application is true and accurate. I authorize the O'Fallon Police Department to conduct a criminal background check based on this application.

Signature: _____ Date: _____

Please return application to:

**Leah Wilson - lwilson@ofallon.org
O'FALLON POLICE DEPARTMENT
285 North Seven Hills Road
O'Fallon, Illinois 62269
Phone: 618.624.9519 Fax: 618.632.6370**