

EAGAR POLICE DEPARTMENT

Application for the Citizen Police Academy

P.O. Box 1300
Eagar, AZ 85925
(928) 333-4127

The TOWN OF EAGAR is a
DRUG FREE WORKPLACE and SEXUAL HARASSMENT FREE WORKPLACE

It is our policy to comply with all applicable state and federal laws prohibiting discrimination in employment based on race, age, color, sex, religion, national origin or other protected classification.

A CRIMINAL CHECK WILL BE CONDUCTED

POSITION: *Citizen Police Academy student*

NAME: _____ **DATE OF BIRTH:** _____
First Middle Last

WHAT NAME DO YOU LIKE TO BE CALLED BY? _____

STREET ADDRESS: _____ **P.O. Box** _____

CITY: _____ **STATE:** _____ **ZIP CODE:** _____

PHONE: (Home) _____ (Work) _____ (Message) _____

PREVIOUS ADDRESSES IN THE PAST FIVE (5) YEARS:

Address	City	State	Zip	Dates
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Address	City	State	Zip	Dates
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Are you over 18 years old? Yes No

Have you ever been convicted of an offense other than minor traffic violations? Yes No

If YES, please explain: (Convictions are not automatic disqualification. Each case will be considered on its merits.)

PRESENT EMPLOYER: _____

ADDRESS: _____ **PHONE:** _____ **HOW LONG:** _____

LAST EMPLOYER: _____

ADDRESS: _____ **PHONE:** _____ **HOW LONG:** _____

Why are you interested in attending the CITIZEN POLICE ACADEMY?

What is your career, specialty or hobby?

REFERENCES:

List TWO persons, not related to you, who have known you for at least one (1) year.

NAME	PHONE	BUSINESS & POSITION	YEARS KNOWN

APPLICANT'S CERTIFICATION AND AGREEMENT

(Please read carefully before signing)

I certify that the facts set forth in this Application for the Citizen Police Academy are true and complete to the best of my knowledge. I understand that if I am accepted for the Citizen Police Academy any false statements, omissions or misrepresentations may result in my dismissal. I authorize the Eagar Police Department to complete a background check.

Signature

Date