



Citizens Police Academy Application



Full Name: _____

Street Address: _____

City, State, ZIP: _____

Home Phone: _____ Other Phone: _____

Date of Birth: _____ Social Security #: _____

E-Mail Address: _____

Employer or Company: _____

Have you ever been convicted of a non-traffic offense? Yes No

If "YES" or "Let me explain", please add comments:

In your own words, why do you wish to attend?

How did you hear about the Academy?

AGREEMENT: By submitting this form, you (the applicant) hereby certify that there are no willful misrepresentations, omissions, or falsifications in the above statements and answers to questions.

"I hereby authorize the sponsoring agencies to secure criminal conviction history from the appropriate law enforcement agency should it be deemed necessary to do so."

NOTICE: According to the Federal Freedom of Information Act, this application becomes public record, subject to disclosure under the act.

I have read and agree to the above: Yes No

Signature: _____

Please 'Submit by Email' and then print, sign, and mail or deliver to:
Olivette Police Department
ATTN: Sgt. Michael Wayt
9473 Olive Blvd.
Olivette, MO 63132