

Milan Police Department  
Citizens Police Academy Application

Name \_\_\_\_\_  
Last First Middle Initial

Driver's License # \_\_\_\_\_ State \_\_\_\_\_

Address \_\_\_\_\_  
Street – Apt # City State

Email Address: \_\_\_\_\_ Phone # \_\_\_\_\_

Have you ever been convicted of a crime? Yes \_\_\_ No \_\_\_

If yes, explain where, when and the disposition

\_\_\_\_\_  
\_\_\_\_\_

Place of Employment \_\_\_\_\_

Duties Performed \_\_\_\_\_

On a separate sheet of paper answer the question “why do you want to attend the Citizen Police Academy?”

Attach any supportive material you consider relevant to your application.

I certify that all statements made on this application are true and complete. I authorize any individual, company, organization or institution to release any and all information concerning statements made by me on this application, and I do hereby release all parties and individuals connected therewith from all liabilities for any damages whatsoever incurred in furnishing misstatements or omission of material facts may disqualify me to attend the Citizens Police Academy. My signature below acknowledges my understanding agreement with material provided.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

There is a \$30.00 fee for the class that will be collected during the first night.

All applications must be turned in to Milan PD by 4 p.m. on April 25<sup>th</sup>, 2016