



**SPRINGFIELD POLICE DEPARTMENT
CITIZEN POLICE ACADEMY
APPLICATION FOR ADMISSION**

Name of Applicant: _____
Last First MI Maiden Other

Address: _____
City State Zip Code

Social Sec. #: _____ Drivers License # or Illinois ID Card #: _____

Date of Birth: _____ Sex: _____ Race: _____

Home Phone: _____ Work Phone: _____

E-mail: _____

Criminal History:

Have you ever been arrested for a crime other than a traffic offense? Yes _____ No _____

If yes, please explain: _____

Have you ever been CONVICTED of a crime other than a traffic offense?

Yes _____ No _____

If yes, please explain: _____

Emergency Contact: _____
Name Phone

What do you expect to gain from attending the Academy? _____

What experience have you had with Law Enforcement? Positive _____ Negative _____ In Between _____

Please Explain: _____

AUTHORITY OF CONDUCT BACKGROUND INVESTIGATION

As an applicant to participate in the Springfield Citizen Police Academy, I hereby authorize the Springfield Police Department to conduct a criminal history background investigation. I understand that such background investigation is routine, required for admission, and is conducted due to the content of the classes given at the Academy.

I understand that all available police and criminal records will be checked and that resulting information will be used in determining eligibility of applicants for the Citizen Police Academy. All information is to remain confidential as required by Illinois and Federal statutes.

Signature

Date

STUDENT AGREEMENT

I understand that class space is limited, therefore I agreed to attend at least eight (8) of the ten (10) scheduled sessions. Additionally, I agree to arrive promptly and to complete and return the evaluation forms provided for each session.

Signature

Date

RETURN TO: Springfield Police Department
Attn: Amanda Long
800 E. Monroe St.
Springfield, Illinois 62701