Citizens' Police Academy Application

1. NAME: _____
   LAST FIRST MIDDLE

2. ALIAS/MAIDEN_____ DATE OF BIRTH _____

3. ADDRESS: _____
   STREET - APT # CITY ZIP

4. TELEPHONE NUMBER - HOME: _____ WORK: _____ CELL: _____

   E-MAIL ADDRESS_____

5. DRIVER'S LICENSE: STATE _____ NO. # _____

   EXPIRATION DATE _____ IS LICENSE CURRENTLY VALID: YES / NO

6. HAVE YOU EVER BEEN CONVICTED OF FELONY OR MISDEMEANOR CRIME? YES / NO (IF YES, EXPLAIN WHERE, WHEN, AND DISPOSITION):

   _____

   _____

7. PLACE OF EMPLOYMENT: _____

   ADDRESS: _____

   DUTIES PERFORMED: _____

8. HOW DO YOU FEEL THE CITIZENS' POLICE ACADEMY WILL BENEFIT YOU?

   _____

   _____

   _____

9. WHAT IS YOUR OPINION OF THE LONGVIEW / KELSO POLICE AND COWLITZ COUNTY SHERIFFS OFFICE?

   _____

   _____

10. HAVE YOU EVER ATTENDED THE CITIZENS' ACADEMY IN THE PAST? YES / NO DATE ATTENDED: _____

11. HOW DID YOU HEAR ABOUT THE CITIZENS' ACADEMY? _____

I HEREBY CERTIFY THAT THE ANSWERS ARE TRUE AND CORRECT.
BY MY SIGNATURE BELOW, I AUTHORIZE ANY OF THE ACADEMY LAW ENFORCEMENT AGENCIES TO DO A CRIMINAL HISTORY AND BACKGROUND CHECK FOR THE PURPOSES OF THIS ACADEMY.

_____ Signature _____ Date

Deadline is **February 9th, 2015**, please return this application to either the Cowlitz County Sheriff's Office - 312 SW 1st Ave, Kelso, WA 98626 - Kelso Police Department – 201 S. Pacific Ave, Kelso, WA 98626 - Longview Police Department - 1351 Hudson Street, Longview, WA 98632