MATTHEWS POLICE DEPARTMENT

Citizen Police Academy Application

- print or type and complete all sections; attach additional sheets if necessary-

Name:_____ Date of Birth:_____/_____/_____
(Full legal name) First Middle (no initials) Last Month Day Year

Drivers License or ID Card number:_____ State of Issue:_____

Physical Address of Residence or Business:_____Matthews, NC 28105

Mailing Address: (Check ☐ if same as above) _____
(Street) (Apt.) (City) (State) (Zip)

Home Phone:(____)_____-_____ Cell Phone:(____)_____-_____ Work Phone:(____)_____-_____ Ext._____

E-Mail:_____

Personal References: Please provide the names and contact information for two persons not related to you, whom you have known for at least one year.

_____
Name **Address** **Phone** Number(s) Years Acquainted

_____
Name **Address** **Phone** Number(s) Years Acquainted

What is your occupation?

How did you hear about the Citizen Police Academy?

List the reason(s) why you wish to attend the Citizen Police Academy.

List any law enforcement related experience you may possess.

Do you have any pending criminal charges? ☐Yes ☐No *Are you currently on Probation or Parole?* ☐Yes ☐No
Have you ever been charged with a misdemeanor? ☐Yes ☐No *Have you ever been charged with a felony?* ☐Yes ☐No
If you answered yes to any of the questions listed in this section, please provide complete details to include date(s), county and state involved.

Authorization:
By signing below, I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that, if accepted into the Citizen Police Academy, falsified statements on this application shall be grounds for dismissal. I understand and give the Matthews Police Department permission to conduct a background investigation to determine my suitability for admission to this program. I authorize investigation of all statements and information contained herein and the references listed above to give any and all information concerning any pertinent information they may have, and release them from all liability that may result from utilization of such information.

☐ I have fully read, understand and accept the above statement and agreement.

Signature:_____ Date:_____