



# Simpsonville Police Department

*Mike Hanshaw*  
*Chief of Police*



## CITIZENS POLICE ACADEMY APPLICATION

NAME:		APPLICATION #	
ADDRESS:			
CITY:	STATE:	ZIP CODE:	
EMAIL:	Home Phone:	Cell Phone:	
Drivers License #:	State:	SSN:	
Employer:			
Address:		City:	State:
Phone Number:		Supervisor:	

Have You ever been Convicted of a Felony?	Y	N
Have You ever been Convicted of a Major Traffic Violation?	Y	N
If So please explain :		

I certify that answers given herein are true and correct to the best of my knowledge.

I authorize any individual, company , organization to release any and all information concerning the 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 from attendance in the Simpsonville Citizen Police Academy.

I am aware that any deliberate false statement or omission of material facts may disqualify me from attendance in the Citizen Police Academy.

My Signature below signifies my understanding and acknowledgement of the aforementioned statements.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Background:

Accepted: