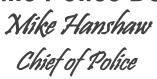


Simpsonville Police Department





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:	SSO Supe	ervisor:
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 :		
	No. Com	
	148 1	
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		

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 fro attendance in the Citizen Police Academy.

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

Signature

Date

Background:

Accepted: