



JEFFERSON CITY POLICE DEPARTMENT
CITIZENS' POLICE ACADEMY APPLICATION



Last Name First Name MI SSN#

Address City State Zip Home Phone

Date of Birth Drivers License # Work Phone: Email:

In Case of Emergency Notify: Phone:

Have you ever been arrested: Yes _____ No _____ If Yes, Explain:

LIST TWO REFERENCES – PLEASE EXCLUDE RELATIVES

Name Address Occupation Phone

Name Address Occupation Phone

DESCRIBE BRIEFLY WHY YOU ARE INTERESTED IN ATTENDING THE CITIZENS POLICE ACADEMY:

Applicant's Signature

Date

AUTHORIZATION TO RELEASE INFORMATION

TO WHOM IT MAY CONCERN:

I hereby request and authorize you to furnish the Jefferson City Police Department with any and all information they may request concerning my work record, educational history, military record, financial status, criminal record, general reputation, and past or present medical condition. This authorization is specifically intended to include any and all information of a confidential or privileged nature as well as photocopies of such documents, if requested. The information will be used for the purpose of determining my eligibility for employment or to participate in a Jefferson City Police Department Program.

I hereby release you and your organization from any liability which would result from furnishing the information requested above or from any subsequent use of such information in determining my qualifications to serve with the Jefferson City Police Department.

WAIVER TO ACCESS

I hereby waive all rights to access or review of any information granted to me by the Privacy of Information Act, which is contained in a Background Investigation conducted by the Jefferson City Police Department.

Applicant's Signature _____

Date _____

Witnessed By _____

Date _____