

Milan Police Department
Citizens Police Academy Application

Name _____
Last First Middle Initial

Driver's License # _____ State _____

Address _____
Street – Apt # City State

Email Address: _____ Phone # _____

Have you ever been convicted of a crime? Yes ___ No ___

If yes, explain where, when and the disposition

Place of Employment _____

Duties Performed _____

On a separate sheet of paper answer the question “why do you want to attend the Citizen Police Academy?”

Attach any supportive material you consider relevant to your application.

I certify that all statements made on this application are true and complete. I authorize any individual, company, organization or institution to release any and all information concerning 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 in furnishing misstatements or omission of material facts may disqualify me to attend the Citizens Police Academy. My signature below acknowledges my understanding agreement with material provided.

Signature

Date

There is a \$30.00 fee for the class that will be collected during the first night.

All applications must be turned in to Milan PD by 4 p.m. on April 20th, 2017