

Harlan Police Department

CITIZENS POLICE ACADEMY APPLICATION

.....
(Please print or type information)

FULL LEGAL NAME: _____
(Last Name) (First) (Middle)

Date of Birth: _____ **Sex:** _____ **Race:** _____ **Social Security Number:** _____ - _____ - _____

Current Address: _____
(Street Address) (Apt. #)

(City) (State) (Zip Code)

Home Telephone: _____ **Shirt Size:** _____

Employer: _____ **Occupation:** _____

Work Address: _____
(Street Address) (Apt. #)

Work Phone: _____

List any Organizations that you are affiliated with: _____

Briefly state why you would like to be in the CITIZEN'S POLICE ACADEMY:

READ

Your signature on this form indicates you are granting permission for the Harlan Police Department to conduct a Criminal History check on you, prior to your participation in the Citizen's Police Academy. It is further agreed that should this Criminal History check reveal any convictions of a criminal nature or high traffic offense, the Harlan Police Department may, at their discretion, disallow your participation in this program.

Signature: _____ **Date:** _____

Please return to:
Harlan Police Department
218 Main Street
Harlan, KY 40831
Phone: 573-1121 Fax: 573-3799