Blytheville Police Department Citizen Police Academy Application

Date of Application				
Name:	Date of Birth	Drivers License #		
Address		Blytheville	AR	72315
Email	Home Phone	Cell Phone		
Occupation	Business	Position		
Address	City / State	Phone	Phone	
Emergency Contact Name				
Emergency Contact Address				
Emergency Contact Phone				
Have you ever been arrested for any offense	e other than a traffic related offense if yes	please explain Yes	No	
Are you currently under a restraining order, no contact order or involved in a domestic related case			No	
Are you currently under investigation by o	r have an open case with the Department	of Human Services Yes	No	
List any organizations you are involved w	vith:			
Why do you want to attend the Blytheville	Police Department Citizen Police Academ	y?		
Your attendance to each of the courses offer of the program. If you are selected to attend make that commitment and acknowledge you	d, we request that you pledge to attend at le	east 75 percent of the classes.	By signing	g below, yo
	Shirt Size S M	L XL	XXL	XXXL

I hereby certify that the information contained in this application is true and complete to the best of my knowledge. I know that the information provided, along with a limited background check, will be used for consideration in my selection to attend the Blytheville Police Department Citizen Police Academy.

Signature: Date: