



CITIZEN POLICE ACADEMY XXVI

Clinton Police Department
113 6th Avenue South
Clinton, IA 52732
563-243-1455

Thursdays – 6:30 p.m. to 9:30 p.m.
February 10, 2022 – May 12, 2022

NAME: _____ DATE OF BIRTH: ____/____/____ SEX: _____
First Middle Last M/F

ADDRESS: _____
Street Apt. # City State Zip

DRIVER'S LIC. #/STATE: _____

HOME PHONE: _____ WORK PHONE: _____

EMAIL: _____

EMPLOYER: _____ OCCUPATION: _____

EMPLOYER'S ADDRESS: _____
Street Suite City State Zip

HOW LONG HAVE YOU LIVED IN THE CITY: _____

PREVIOUS ADDRESS: _____
Street Apt. # City State Zip

HAVE YOU EVER BEEN ARRESTED FOR ANY OFFENSE OTHER THAN TRAFFIC?

IF YES, WHAT FOR? _____

WHEN: _____ WHERE: _____

WHAT DO YOU EXPECT TO GAIN FROM ATTENDING THIS ACADEMY? _____

WILL YOU BE ABLE TO ATTEND AT LEAST 8 OF THE 12 CLASS SESSIONS? _____

IN CASE OF EMERGENCY, CONTACT: _____

I hereby certify the information contained in this application is true and complete to the best of my knowledge. You are hereby authorized to make any investigation of my personal history deemed necessary for consideration to attend the Citizen Police Academy.

Signature of Applicant

Date

For Police Department Use Only

Criminal history check by: _____

Date: _____

Applicant approved by: _____

Date: _____

Applicant notified by: _____

Date: _____

Accepted to Class #: _____

Date of Academy Class: _____