

# CITIZEN POLICE ACADEMY XXVI



Clinton Police Department  
113 6<sup>th</sup> 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.

***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: \_\_\_\_\_