



APPLICATION FOR ADMISSION TO CITIZEN'S POLICE ACADEMY

NAME: _____
(Last) (First) (Middle)

ADDRESS: _____
(Street) (City) (State, Zip)

Length of time as this address: _____ Previous Address: _____

Telephone # _____ Email: _____

Driver's License #: _____ State _____ DOB: _____

Employer: _____ Occupation: _____

Emergency Contact: _____ Phone #: _____

Polo T-shirt Size : XS S M L XL XXL

CRIMINAL HISTORY

Have you ever been arrested and convicted of a crime other than traffic offenses? YES NO

How did you hear about the Academy?

What do you expect to gain from attending this Academy?

What experience have you had with law enforcement? Positive Negative In-between

Please Explain: _____

Will you be able to attend all of the class sessions? YES NO

I CERTIFY THAT THE INFORMATION ON THIS APPLICATION IS TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE. I ALSO GRANT PERMISSION TO THE DICKINSON POLICE DEPARTMENT TO VERIFY THE INFORMATION CONTAINED IN THIS APPLICATION.

(Signature) (Date)

NOTE: Please return this application to the Dickinson Police Department at 2475 State Avenue North or email to Michael.hanel@dickinsongov.com . If you have any questions, please call 701-456-7756. Thank you for your interest!
