

Full Legal Name: \_\_\_\_\_

First name you go by (for your nametag!): \_\_\_\_\_

Home/Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Contact Phone: \_\_\_\_\_ Sex:  M  F E-Mail: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Driver's License #: \_\_\_\_\_ State: \_\_\_\_\_

Employer/Occupation: \_\_\_\_\_

Employer Address: \_\_\_\_\_ City: \_\_\_\_\_

How were you referred to the Bozeman Police Department CPA?

List any medical concerns or special accommodations we may need to know about:

Emergency contact name: \_\_\_\_\_ Phone: \_\_\_\_\_

*A brief background check will be conducted on each applicant. If an applicant has a criminal history to such an extent that it raises concerns by the administration of the Bozeman Police Department, it will be determined by the citizen's police academy coordinator whether it is in the best interest of the Bozeman Police Department to admit that applicant into the academy. Any intentional misrepresentation will be grounds for dis-missal.*

Have you ever been arrested, cited or convicted as an adult (18 years and older) for a criminal offense other than a traffic violation?

Yes  No If yes, please explain each violation: \_\_\_\_\_

**I, \_\_\_\_\_, hereby acknowledge that I have completed the above information completely and accurately. I understand and give my permission, with respect to the Bozeman Police Department, to conduct a brief background check to determine my suitability for admission to the Bozeman Police Department Citizen's Police Academy.**

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_