PARIS POLICE DEPARTMENT
CITIZENS POLICE ACADEMY APPLICATION

You will be notified when the next academy is scheduled.

APPLICANT INFORMATION (PLEASE PRINT)

Name: _____

Last First Middle Initial

Date of birth:	Driver's License Number:	
Address:		
City:	State	Zip:

CONTACT INFORMATION

Phone number we can contact you at:	
E-Mail we can contact you at:	_____@_____

EMERGENCY CONTACT

Person to contact for you in case of an emergency:		
Address:	Phone:	
City:	State:	Other Phone:
Relationship:		

T-Shirt size (s, m, l, xl, 2xl, 3xl) _____

SIGNATURES

I hereby certify that there are no willful misrepresentations, omissions or falsifications in the foregoing statements and answers to questions. I understand that any omission or false statements on this application shall be sufficient cause for rejection for enrollment or dismissal from the Paris Police Department Citizens Police Academy. I understand there is no charge for the academy and, if selected for enrollment, pledge the time commitment to attend 85% of the sessions. I will abide by all rules and regulations set forth by the Paris Police Department and the City of Paris. I further understand that the Paris Police Department will be conducting a criminal history check on me.

Signature of Applicant _____ **Date**_____

Signature of background investigator:	Date:
Approved:	Date:

Please return this application to the Paris Police Department 2910 Clarksville St.