



CITIZEN POLICE ACADEMY Application Form

Last Name: _____ First: _____ M.I.: _____

Address: _____ City: _____

State: _____ Zip: _____ Telephone #: _____ Date of Birth: _____

Social Security #: _____ Drivers License #: _____

How long have you lived at present address: Years: _____ Months: _____

Previous address (if less than 5 years at present address):

Address: _____ City: _____ State: _____ Zip: _____

Occupation: _____ Length of Employment: Years: _____ Months: _____

Employers Name: _____ Telephone #: _____

Address: _____ City: _____ State: _____ Zip: _____

- **APPLICANTS MUST LIVE OR WORK IN ROLLING MEADOWS.**

- **APPLICANTS MUST BE 21 YEARS OF AGE OR OLDER.**

A criminal history check will be conducted on each applicant. The Rolling Meadows Police Department reserves the right to deny entry to the Academy based on the findings of the criminal history check.

I authorize the Rolling Meadows Police Department to conduct a criminal history check.

X _____
Applicant's signature

Date

