

Name: _____

Application for the Lake City Police Department Citizens Police Academy



225 NW Main Blvd., Suite 102
Lake City, Florida 32055
(386) 752-4343

AN EQUAL OPPORTUNITY EMPLOYER

In compliance with the ADA, qualified individuals with disabilities who will need reasonable accommodations in order to apply or complete any required test should inform the Human Resources Director at least **48 hours before** said accommodations are needed.

For Internal Use Only:

CPA Session # _____

Background completed on _____



LAKE CITY POLICE DEPARTMENT

Citizens Police Academy Application



**** APPLICATION MUST BE COMPLETED IN FULL AND SIGNED IN ORDER TO BE PROCESSED ****

Personal Contact Info

Full Name _____ Nickname _____

Address _____ Apt _____

City _____ State _____ Zip _____

Home Phone _____ Cell Phone _____

E-mail address _____

Date of Birth _____ Place of Birth _____

Race _____ Sex _____ Height _____ Weight _____ Hair _____ Eyes _____

Driver's License _____ Expiration _____

DL Type _____ Valid? Yes No SSN _____

Emergency Contact Info

Name _____ Relationship _____

Address _____ Apt _____

City _____ State _____ Zip _____

Home Phone _____ Cell Phone _____

Employed at _____ Work Phone _____

Criminal History

1. Have you ever been arrested or charged with a crime, whether as an adult or juvenile, even if the record was expunged or sealed? YES NO

Additional Comments

Use this section for additional comments, explanations, additional educational history, etc., wherever such space does not already exist. Please indicate the application section along with each comment below.



LAKE CITY POLICE DEPARTMENT

Citizens Police Academy Application



Record Check Authorization

Name: _____
Print Full Legal Name

Please Read Carefully Before Signing

I HEREBY AUTHORIZE that all the facts and information listed on this application are true and complete. I understand that any false, incomplete or misleading information given by me on this application is sufficient cause for rejection of this application. I also understand and agree that any such false, incomplete, or misleading information discovered on this application at any time after I am accepted may result in my dismissal.

I HEREBY AUTHORIZE the City to investigate all statements contained in this application, to interview the previous employers listed in this application, and to conduct a record check on my background to include, but not be limited to the following: criminal and driving check, employment and performance record and education records. I authorize the references, previous employers, and school or other education institution, or public agency listed to give the City all the facts, opinions and evaluations concerning my previous employment and any other information they may have, personal or otherwise.

I HEREBY RELEASE and save harmless the addressee, its officers, agents, servants or employees from and against any and all liability, claims, demands, damages, expenses, fees, fines, penalties, suits, proceedings, actions and costs of actions, including attorney's fees of any kind and nature arising or growing out of or in any way connected with the disclosure of requested information.

I understand this is NOT an application for employment with the City or the Lake City Police Department. If I am accepted into the Citizens Police Academy, I understand such an offer will be conditioned upon satisfactory results of a background investigation. If then accepted, I understand my participation can be terminated, with or without cause or notice, at any time, at the option of either the City or myself. I further authorize on-going procurement of the above mentioned reports at any time during my participation in the program.

I FULLY UNDERSTAND AND VOLUNTARILY AGREE WITH THE ABOVE

Signature of Parent/Legal Guardian

Date

Signature of Applicant

Date