

**WAYNESVILLE POLICE DEPARTMENT
CIVILIAN POLICE ACADEMY APPLICATION**

PLEASE PRINT ALL INFORMATION

APPLICANT INFORMATION

Name:		
Date of birth:	Drivers Lic State and Number:	Phone:
Current address:		
City:	State:	ZIP Code:
Have you ever been convicted of a crime, other than traffic, in the last 7 years? YES / NO (circle one)	Type of Conviction: _____ Location: _____ Date: _____	E-Mail:

CURRENT EMPLOYMENT INFORMATION

Employer:		
Address:		How long?
Phone:	E-mail:	Position:
City:	State:	ZIP Code:

PREVIOUS EMPLOYMENT INFORMATION

Previous employer:		
Address:		How long?
Phone:	E-mail:	Position:
City:	State:	ZIP Code:

REFERENCES (OUTSIDE OF FAMILY AND EMPLOYERS)

Name	Address	Phone

EMERGENCY CONTACT

Name	Phone
Address	Relationship

SIGNATURE

Submission of and signature on this application gives the Waynesville Police Department the right to conduct a criminal history background check. Submission of this application and attendance to the Civilian Police Academy does not in any way make any promises or guarantees of employment with this department or membership in the Alumni organization.	Briefly state your reason for wanting to attend the CPA: (use back if needed)
Signature of applicant:	Date:

DEPARTMENT USE ONLY:

Date Received: _____ Reviewed By: _____

Applicant Contact Date and Time: _____

Comments: