

RICHMOND CITIZEN'S POLICE ACADEMY APPLICATION

(Please print or type)

Name: _____ Nickname: _____
(Last, First, Middle) (Name you would like on your name tag)

Address: _____ City/Zip: _____

Date of Birth: _____ Drivers License #: _____ State: _____

Business Address: _____
(City, State, and Zip)

Home Phone: (____) _____ Work Phone: (____) _____

E-Mail Address: _____ Occupation: _____

Have you ever been arrested/convicted of a crime? If so, explain:

How did you hear about our citizen's police academy?

Why do you wish to attend the Citizen's Police Academy?

Notice

Prior to acceptance, applicants will be investigated as to arrest for prior criminal offenses. A prior conviction will not automatically disqualify an applicant and will be considered only as it relates to the Academy.

The facts set forth in my application are true and complete. I authorize the Richmond Police Department and its officers to make any investigation of my personal history deemed necessary for consideration to entry in the Citizen's Police Academy.

(Usual signature of Applicant) Date: _____

PLEASE RETURN THIS APPLICATION TO:

Lieutenant Lowell D. Neinast
Richmond Police Department
600 Preston Street
Richmond, Texas 77469
(346)843-2811