



La Grange Park Police Department Citizen Police Academy



Application

Name: _____
Last First Middle Initial

Cell Phone: _____ Home Phone: _____

Date of Birth: _____ Email: _____

Address: _____ City/State: _____ Zip: _____

In case of emergency contact: _____
Name / Relationship / Phone Number

Driver's License Number: _____ State: _____ Class: _____ Expiration Date: _____

Is your driver's license valid? Yes No

Have you ever been arrested? Yes No

If yes, explain where, when and disposition: _____

Place of employment: _____

Employer's address: _____

Occupation: _____

Personal reference we may contact: Name: _____ Phone: _____

List any members of the La Grange Park Police Department you know:

1
2
3

Why are you interested in attending the La Grange Park Citizen Police Academy?

All applicants must be at least 18 years of age. A background check will be conducted on each applicant. The La Grange Park Police Department reserves the right to deny entry to the program based on findings of the background check

I affirm that all information on the above application is true and accurate. I authorize the La Grange Park Police Department to conduct a background check based on this application.

Signature: _____ Date: _____