

PAXTON POLICE DEPARTMENT

CIVILIAN POLICE ACADEMY APPLICATION

Name: _____ Soc. Security # _____

Street Address: _____

City/State/Zip: _____

Home Phone: _____ Work Phone: _____

OPTIONAL INFORMATION

Do you have any Law Enforcement experience? YES _____ NO _____

If yes, please explain. _____

Why are you interested in attending a Civilian Police Academy? _____

Are you related to any member of the Paxton Police Department or any other police department? YES _____ NO _____

What is your current occupation? _____

DO NOT WRITE IN THIS SPACE – FOR OFFICE USE ONLY

Date Rec'd: ___/___/___ Time Rec'd: ___:___ Rec'd by: _____