|  |
| --- |
| Name: (Please check one: Mr. Mrs. Ms.)  |
| Street Address: | PO Box: |
| City: | State: | Zip Code: |
| Home Phone: | Work Phone: |
| Cell Phone: | E-mail address: |
| Henrico County Resident?  | **** Yes **** No  | How did you hear about the Citizens Police Academy? |
|  |
| Why do you want to attend? |
|  |
| Police Academy Selection: *(Academies meet weekly for 11 weeks)*Citizens Academy: Ages 18+Senior Citizens Academy: Ages 55+ | ** Citizens Academy - Spring** (March-May) 6:30-9:30 p.m. | ** Citizens Academy - Fall** (September-November) 6:30-9:30 p.m. |
| ** Senior Citizens Academy - Spring (**March-May) 9AM-Noon | ** Senior Citizens Academy - Fall (**September-November) 9AM-Noon |
| I |  | Authorize Henrico Police to conduct both a criminal history and DMV check as part of the application process for the Citizens Academy. |
| (Signature Here) |
| ***(The following information is required and will be used for a criminal history/DMV check of all applicants.)*** |
| Date of Birth:  | Social Security Number: |
| Driver’s License Number: | State of Driver’s License Issue: |
| Driver’s License Exp.: | Is your license valid? **** Yes **** No  |
| Employer: |
| Employer Address: |
| City: | State: | Zip Code: |
| Have you ever been arrested and or convicted of a misdemeanor or felony? | **** Yes **** No  |
| (This also included misdemeanor traffic violations) | If yes, explain where and final disposition: |
|  |
|  |