|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 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: | | | |
|  | | | | | | | | | |
|  | | | | | | | | | |