MICHIGAN CITY POLICE CITIZENS POLICE ACADEMY APPLICATION 2017

(Please type or print in ink.)

NAME:_____
Last First Middle

ADDRESS: _____

TELEPHONE: (Home)_____ Work/Other)_____

E-MAIL ADDRESS_____

NEIGHBORHOOD IN WHICH YOU LIVE:_____

DATE OF BIRTH:_____ SOCIAL SECURITY # _____

AGE: _____ SEX: _____ RACE:_____

SHIRT SIZE_____ SWEATSHIRT SIZE _____

EDUCATIONAL BACKGROUND
(Please circle) High School GED College

COLLEGE NAME: _____ DEGREE RECEIVED:_____

OCCUPATION: _____ EMPLOYER: _____

Organizations you are a member of (Civic clubs, community organizations, Neighborhood group, etc.)

_____

_____

WHY DO YOU WISH TO ATTEND POLICE ACADEMY?

_____

_____

_____

HAVE YOU EVER BEEN ARRESTED AND/OR CONVICTED OF A CRIME? _____

If yes, explain: _____

_____

I give my permission to the Michigan City Police to conduct a background check to determine if I have a criminal record.

Signature _____ Date: _____

AUTHORIZATION FOR RELEASE OF INFORMATION

I, _____ ***DO HEREBY AUTHORIZE*** any and all persons, employers, Partnerships, corporations, and all civilian, government, and military agencies, City, County, State and Federal entities to release, furnish and exchange any and all available information relating to me for the purpose of determining my suitability to be appointed as a member of the Michigan City Police Citizen's Police Academy. This includes but is not limited to all information related to my character, integrity, reputation, conduct and behavior.

I ***DO HEREBY RELEASE*** from any and all liability, all persons or entities disclosing information pursuant to this release.

Signature of Applicant:_____ Date: _____

Signature of Witness: _____ Date: _____

Please return completed application to:

Michigan City CITIZENS POLICE ACADEMY
ATTN: Sgt. Chris Yagelski
1201 E. Michigan Blvd.
Michigan City, IN 46360