

**BEAVERCREEK POLICE DEPARTMENT
CITIZEN POLICE ACADEMY APPLICATION**

(PLEASE PRINT)

DATE: _____

LAST NAME _____ FIRST NAME _____ M. _____

ADDRESS _____ PHONE _____

DATE OF BIRTH _____ SSN _____ EMAIL _____

PLACE OF EMPLOYMENT _____

ADDRESS _____ WORK PHONE _____

OCCUPATION _____

DRIVERS LICENSE NUMBER _____ LICENSE STATE _____

HAVE YOU EVER BEEN ARRESTED FOR AN OFFENSE OTHER THAN A TRAFFIC OFFENSE? _____

IF YES, WHAT OFFENSE? _____

DESCRIBE IN YOUR OWN WORDS WHY YOU WANT TO ATTEND THE CITIZEN POLICE
ACADEMY:

Please drop off the application to the Beavercreek Police Department or mail to:
Citizen Police Academy
Beavercreek Police Department
1388 Research Park Drive
Beavercreek, Ohio 45432