

CITIZEN'S POLICE ACADEMY APPLICATION

(PLEASE PRINT OR TYPE)

NAME: _____
 LAST FIRST MIDDLE

RESIDENCE ADDRESS: _____
 NUMBER STREET CITY STATE ZIP CODE

BUSINESS NAME: _____

BUSINESS ADDRESS: _____
 NUMBER STREET CITY STATE ZIP CODE

HOME TELEPHONE: _____ CELL TELEPHONE: _____

BUSINESS TELEPHONE: _____ DATE OF BIRTH: _____

OCCUPATION & JOB TITLE: _____

TEXAS DRIVERS LICENSE NO. _____

REFERRED BY: _____

Have you ever been arrested for any offense other than a traffic violation? Yes No
(If yes, state where, when, and describe the circumstances.)

Describe in your own words why you want to be in the Citizen's Police Academy.

I hereby authorize the La Grange Police Department to make an examination of their records for the purpose of evaluation by application.

SIGNATURE _____ DATE: _____

PRINT NAME _____

Return To:
La Grange Police Department
243 S College
La Grange, Texas, 78945
Att: Citizen's Police Academy

Questions: Contact Daryl Kinsey
979-338-9860
snauzman@gmail.com