

FREDERICKSBURG CITIZEN POLICE ACADEMY APPLICATION

THE NEXT CLASS STARTS TUESDAY – _____

**Please return application to the Law Enforcement Center, 1601 E. Main St.
AS SOON AS POSSIBLE – YOU WILL BE NOTIFIED PRIOR TO START DATE**

Name (print clearly or type)	Place of Employment
Address	Address
City, State, Zip Code	City, State, Zip Code
Phone Number	Phone Number
Cell Phone Number	May we give your phone number to class members? Home _____ Work _____ (Write YES or NO)
E-Mail	
Previous address (if less than 2 years at present address)	Profession (if retired, profession before retirement)
Date of Birth	Drivers License #
M _____ F _____ Sex	YES _____ NO _____

Any arrests (other than traffic)?

If yes, for what offense _____

When _____ Where _____ Explain the Circumstances _____

Please read and sign:

I understand that prior to acceptance, applicants will be investigated for criminal offenses. A prior conviction will not automatically disqualify an applicant and will be considered only as it relates to the academy. The Fredericksburg Police Department is hereby authorized to investigate my personal history as deemed necessary for consideration to enter the Fredericksburg Citizen Police Academy.

Usual Signature of Applicant	Date
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POLICE DEPARTMENT USE

Applicant Approved by _____ Date Approved _____