

**Mooresville Police Department
Citizens Police Academy Application
750 W Iredell Avenue
Mooresville, North Carolina 28115**

Today's Date: _____

Full Name: _____ Date of Birth: _____

Home Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Cell Phone: _____

e-mail address: _____

Employer: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Work Phone: _____ Occupation: _____

In case of emergency, please notify:

Name: _____ Work Phone: _____

Home Phone: _____ Cell Phone: _____

Have you ever been arrested for a crime other than a traffic offense? Yes No

If you answered yes, please explain including dates and disposition:

NOTE: APPLICANTS CONVICTED OF A FELONY ARE INELIGIBLE TO ATTEND.

Do you have a valid driver's license? Yes No

Are you 18 years of age or older? Yes No

Do you have any special needs that would require accommodations in order for you to participate in this program?

Yes No

If yes, please explain...

How did you hear about our Citizen's Academy? _____

Do you know any employees of this police department? _____

Why are you interested in attending the Citizens Police Academy?

Please list any community activities or organizations in which you participate on a regular basis:

List three character references that are not family members or employers:

| | |
|--------------------|-------------------|
| 1 Name: _____ | Work Phone: _____ |
| Home Phone # _____ | Cell Phone: _____ |
| 2 Name: _____ | Work Phone: _____ |
| Home Phone # _____ | Cell Phone: _____ |
| 3 Name: _____ | Work Phone: _____ |
| Home Phone # _____ | Cell Phone: _____ |

I hereby certify that there are no willful falsifications, omissions or misrepresentations in the foregoing statements and answers to questions. I understand that any omission or false statement on the application shall be sufficient cause for rejection for enrollment or dismissal from the Mooresville Police Department's Citizens Police Academy. I also grant permission for the Mooresville Police Department to verify the above information contained on this application and check for prior criminal history.

Signature of Applicant: _____

Date of Signature: _____

**COMPLETED APPLICATIONS MUST BE SUBMITTED TO CAPTAIN BURKS
ACADEMY LIMITED TO FIRST FIFTEEN CANDIDATES**