

**MOORESVILLE POLICE DEPARTMENT
CITIZENS POLICE ACADEMY APPLICATION**

750 West Iredell Avenue
 Mooresville, NC 28115

Date: _____

Full Name: _____

Date of Birth: _____

Home Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone #: _____ Cell #: _____

E-Mail Address: _____

Occupation: _____

Company Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Work Phone #: _____

In case of emergency, please notify:

Name: _____ Relationship: _____

Home Phone #: _____

Work Phone #: _____

Cell Phone #: _____

Have you ever been arrested for a crime other than traffic offenses?

Yes or No (Please circle)

If you answered yes, please explain with disposition and dates.

NOTE: APPLICANT CONVICTED OF A FELONY IS INELIGIBLE TO ATTEND.

Do you have a valid driver's license? Yes or No (Please circle)

Are you 18 years of age or older? Yes or No (Please circle)

Do you have any special needs that require accommodations in order for you to participate in this program? Yes or No (Please circle)

If you answered yes, please explain.

How did you hear about the Mooresville Police Department's Citizens Academy?

Do you know any employees of the Mooresville 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: _____

Home Phone #: _____ Cell #: _____

#2 Name: _____

Home Phone #: _____ Cell #: _____

#3 Name: _____

Home Phone #: _____ Cell #: _____

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: _____

NOTE: THE APPLICANT IS RESPONSIBLE FOR PROVIDING CERTIFIED COPY OF THEIR CRIMINAL HISTORY. A CRIMINAL HISTORY CAN BE OBTAINED FROM THE IREDELL COUNTY CLERK OF COURT IN STATESVILLE.

Please return the completed application by Tuesday, **December 8, 2009.**