

Turn in to the Records Clerk at the Waynesville Police Department no later than **7 business days** prior to the start date of the class.

WAYNESVILLE POLICE DEPARTMENT CIVILIAN POLICE ACADEMY APPLICATION		
PLEASE PRINT ALL INFORMATION		
APPLICANT INFORMATION		
Name:		
Date of birth:	SSN:	Phone:
Current address:		
City:	State:	ZIP Code:
Have you ever been convicted of a crime, other than traffic, in the last 7 years? YES / NO (circle one)	Type of Conviction: _____ Location: _____ Date: _____	E-Mail:
CURRENT EMPLOYMENT INFORMATION		
Employer:		
Address:		How long?
Phone:	E-mail:	Position:
City:	State:	ZIP Code:
PREVIOUS EMPLOYMENT INFORMATION		
Previous employer:		
Address:		How long?
Phone:	E-mail:	Position:
City:	State:	ZIP Code:
REFERENCES (OUTSIDE OF FAMILY AND EMPLOYERS)		
Name	Address	Phone
EMERGENCY CONTACT		
Name	Phone	
Address	Relationship	
SIGNATURE		
<b>Submission of and signature on this application gives the Waynesville Police Department the right to conduct a criminal history background check. Submission of this application and attendance to the Civilian Police Academy does not in any way make any promises or guarantees of employment with this department or membership in the Alumni organization.</b>		Briefly state your reason for wanting to attend the CPA: (use back if needed)
Signature of applicant:		Date:

**DEPARTMENT USE ONLY:**

Date Received: \_\_\_\_\_ Reviewed By: \_\_\_\_\_

Applicant Contact Date and Time: \_\_\_\_\_