OSHKOSH POLICE DEPARTMENT

Citizen's Police Academy
(Application)

1. Name: _____
Last First Middle

2. Date of Birth: _____

3. Address: _____
Street Apt # City State Zip Code

4. Email Address: _____

5. Phone Number: Home: _____ Work: _____

Emergency Contact: _____
Name/Relationship/Phone Number

6. Have you ever been arrested for anything other than a traffic offense? Yes _____ No _____

If you answered yes, please explain:
_____

7. Place of employment: _____
Business Name Address City, State, Zip

Occupation: _____

8. Polo Shirt Size: Small _____ Med _____ Lg. _____ XL _____ XXL _____

I certify that all information on this application is true and complete. I authorize any and all individuals, company, organization or institution to release any and all information concerning statements made by me on this application; and do hereby release all parties and individuals contacted from all liabilities for any damages whatsoever incurred in providing such information. I also agree and understand that any deliberate false statement or omission of facts to be completed on this application may disqualify me from attending the Oshkosh Police Department Citizen Academy. My signature below acknowledges my understanding and agreement with the information provided.

_____ _____
Signature Date

Approved: _____ Disapproved: _____ Date/Time: _____