

# GLENDALE HEIGHTS POLICE DEPARTMENT CITIZENS POLICE ACADEMY APPLICATION

Applicant must be 18 years of age or older to participate in the Citizens Police Academy. Applicant must live or work in Glendale Heights, have a valid Illinois driver's license and no prior felony convictions. All responses must be printed in black ink or typed. Use additional sheets of paper if more space is needed. \*Completed applications can be mailed to, or dropped off at the Glendale Heights Police Department – Attn: Maureen Pope or Sergeant Pappas.

## APPLICANT INFORMATION

Date: \_\_\_\_\_  
Name, Last: \_\_\_\_\_ First: \_\_\_\_\_ Middle: \_\_\_\_\_  
Maiden: \_\_\_\_\_ Other (nick name(s), etc.): \_\_\_\_\_  
DOB: \_\_\_\_\_ Age: \_\_\_\_\_ S.S. No.: \_\_\_\_\_  
Home Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Home Phone: (\_\_\_\_) \_\_\_\_\_ Cell Phone: (\_\_\_\_) \_\_\_\_\_  
E-Mail (home): \_\_\_\_\_

## OCCUPATION INFORMATION

Company Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Business Phone: (\_\_\_\_) \_\_\_\_\_  
Your Position: \_\_\_\_\_

## EMERGENCY CONTACT INFORMATION

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Home Phone: (\_\_\_\_) \_\_\_\_\_ Cell Phone: (\_\_\_\_) \_\_\_\_\_ Work Phone: (\_\_\_\_) \_\_\_\_\_

## MISCELLANEOUS INFORMATION

Please answer the following questions and provide explanations where indicated. **Note: Applicant(s) convicted of a felony are ineligible to attend.**

1. Have you ever been arrested for a crime other than a traffic offense(s)?  Yes  No  
If yes, please explain with disposition(s) and date(s): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. Do you have a valid driver's license?  Yes  No  
Driver's License Number: \_\_\_\_\_

3. Are you 18 years of age or older?  Yes  No

4. Do you have any needs that require special accommodation(s) in order for you to participate in this program?  Yes  No  
If yes, please explain: \_\_\_\_\_  
\_\_\_\_\_

5. Do you have any allergies?  Yes  No

If yes, please explain: \_\_\_\_\_  
\_\_\_\_\_

6. How did you hear about the academy? \_\_\_\_\_  
\_\_\_\_\_

7. Do you know someone who has already gone through the academy before?  Yes  No

If yes, please list whom and when: \_\_\_\_\_  
\_\_\_\_\_

8. Do you know any police officers?  Yes  No

If yes, please list name(s) and department(s): \_\_\_\_\_  
\_\_\_\_\_

9. Have you ever applied to attend the academy before?  Yes  No

If yes, please indicate date(s) of application, date(s) of attendance (if applicable), and provide explanation/reason for not attending (if applicable):  
\_\_\_\_\_  
\_\_\_\_\_

10. Are you interested in law enforcement as a career?  Yes  No

If yes, please explain why and if you have taken any steps to become involved in a law enforcement career (college courses, ride-a-longs, etc.):  
\_\_\_\_\_  
\_\_\_\_\_

11. Please state why you are interested in attending the Citizens Police Academy?  
\_\_\_\_\_  
\_\_\_\_\_

12. Please list all community activities you participate in, any organization(s) and/or association(s) you are a member of, etc.:  
\_\_\_\_\_  
\_\_\_\_\_

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 this application shall be sufficient cause for rejection of my application and/or termination of my participation in the Glendale Heights Police Department Citizens Police Academy. I hereby grant permission for the Glendale Heights Police Department to verify the above information contained in this application and check for/verify any prior criminal history.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date