

**OZARK POLICE DEPARTMENT
CITIZENS POLICE ACADEMY
APPLICATION**



(Please print or type information)

FULL LEGAL NAME: _____
(Last) (First) (Middle)

Date of Birth: _____ **Sex:** _____ **Social Security Number:** ____ - ____ - ____

Current Address: _____
(Street Address) (Apt #)

(City) (State) (Zip Code)

Telephone: _____ **Email:** _____

Employer: _____

Work Address: _____
(Street Address)

Work Phone: _____

List any Organizations that your are affiliated with: _____

Briefly state why you would like to be in the CITIZEN'S POLICE ACADEMY:

Have you, since the age of 17, ever been charged or convicted with a criminal offense or a driving violation?
Conviction(s) do not necessarily mean you will be removed from further consideration.*
If answer is yes, please provide date(s), location(s) and explanation(s):

Please Read:

Your signature on this form indicates you are granting permission for the Ozark Police Department to conduct a Criminal History check on you, prior to your participation in the Citizen's Police Academy. It is further agreed that should this Criminal History check reveal any convictions of a criminal nature or a high volume of traffic offenses, the Ozark Police Department may, at their discretion, disallow your participation in this program.

Signature: _____ **Date:** _____

Please return to :
Ozark Police Department Attention:
Lieutenant Derek Hill
d.hill@ozarkpd.org
201 E Brick St.

Ozark, MO 65721 Phone:417-581-6600 Ext.1304