



# Edwardsville Police Department

## Citizens Police Academy



Full Name: \_\_\_\_\_ Date: \_\_\_\_\_  
Last First M.I.

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Mobile Phone: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Email: \_\_\_\_\_

Address: \_\_\_\_\_  
Street Address Apartment/Unit #  
 \_\_\_\_\_  
City State ZIP Code

In case of emergency contact: \_\_\_\_\_  
Name / Relationship / Phone Number

Driver's License Number: \_\_\_\_\_ State: \_\_\_\_\_ Exp Date: \_\_\_\_\_

Is your driver's license Valid? Mark areas with and (X)  
 YES  NO  Shirt Size: \_\_\_\_\_  
 YES  NO

Have you ever been arrested?  
 If yes, explain where, when and disposition: \_\_\_\_\_

Place of Employment: \_\_\_\_\_

Employer's Address: \_\_\_\_\_

Occupation: \_\_\_\_\_

Why are you interested in attending the Citizens Police Academy? \_\_\_\_\_

A \$25.00 check is required to secure your spot in the program. Should your application be denied the check will be returned.

All applicants must be at least 21 years of age and preference will be given to individuals who live in the City of Edwardsville. A background check will be conducted on each applicant. The Edwardsville Police Department reserves the right to deny entry to the program based on findings of the background check.

All information on the above application is true and accurate. I authorize the Edwardsville Police Department to conduct a background check based on this application.

Signature: \_\_\_\_\_

Mail to: Edwardsville Police Department  
 333 South Main Edwardsville, IL 62025  
 Attn: Citizens Police Academy  
 Email Questions to: [mevers@cityofedwardsville.com](mailto:mevers@cityofedwardsville.com)