



Edwardsville Police Department

CITIZEN'S 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? YES NO NO YES NO
Mark areas with and (X)

Shirt Size: _____

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 Edwardsville Police Department's Citizen's 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 S. Main • Edwardsville, IL • 62025
Attn: Citizen's Police Academy
EMAIL QUESTIONS TO: mbreihan@cityofedwardsville.com