

SOUTH EUCLID POLICE DEPARTMENT

CITIZEN POLICE ACADEMY APPLICATION

DATE OF APPLICATION: _____ SPRING ACADEMY FALL ACADEMY

NAME: _____
LAST FIRST MIDDLE

HAVE YOU EVER BEEN KNOWN BY ANY OTHER NAME? ___Y___N IF YES,
PLEASE LIST ALL NAMES USED IN THE PAST, LOCATIONS AND CIRCUMSTANCES,
(i.e., divorce, adoption, legal name changes, etc.)

NAME	DATES: FROM-TO	CITY/STATE	CIRCUMSTANCES
------	----------------	------------	---------------

NAME	DATES: FROM-TO	CITY/STATE	CIRCUMSTANCES
------	----------------	------------	---------------

RESIDENTIAL ADDRESS: _____
NUMBER STREET

CITY	COUNTY	STATE	ZIP CODE	HOW LONG AT THIS ADDRESS?
------	--------	-------	----------	---------------------------

TELEPHONE: (Residential) _____ (Cell): _____

EMAIL ADDRESS: _____

SOCIAL SECURITY #: _____

PLACE OF BIRTH: _____

UNITED STATES CITIZEN: ___Y___N DATE OF CITIZENSHIP: _____

DO YOU HOLD A CURRENT, VALID DRIVER LICENSE? ___Y___N STATE: _____

DRIVER'S LICENSE #: _____ EXPIRATION: _____

HAVE YOU EVER HAD YOUR DRIVERS LICENSE AND/OR COMMERCIAL LICENSE
PRIVILEGES REVOKED OR SUSPENDED BY THE ISSUING AUTHORITY? ___Y___N

IF YES, DATE(S) OF SUSPENSION: _____

PLEASE EXPLAIN IN DETAIL: _____

PLEASE LIST ANY ASSOCIATIONS, CLUBS, OR ORGANIZATIONS YOU MAY BELONG TO

HIGH SCHOOL GRADUATE ___Y___N NAME OF HIGH SCHOOL _____

COLLEGE GRADUATE ___Y___N NAME OF COLLEGE _____

WORK: Employed: Full-Time Part-Time Retired Student

IF CURRENT STUDENT, NAME OF SCHOOL: _____

COURSE OF STUDY: _____ SCHOOL PHONE _____

EMPLOYER: _____

EMPLOYER ADDRESS: _____
NUMBER STREET

CITY COUNTY STATE ZIP CODE HOW LONG WITH THIS EMPLOYER?

DATES OF EMPLOYMENT: FROM: _____ TO: _____
Month/Year Month/Year

POSITION/TITLE: _____

IMMEDIATE SUPERVISOR: _____ MAY WE CONTACT? ____Y ____N

IF NOT, WHY? _____

EMPLOYER PHONE: _____ EMPLOYER EMAIL: _____

HAVE YOU EVER SERVED OR TRAINED IN THE U.S. ARMED FORCES? ____Y ____N

BRANCH OF SERVICE: _____ RANK: _____

DATES OF ACTIVE MILITARY SERVICE: FROM: _____ TO: _____

TYPE OF DISCHARGE: ____HONORABLE/GENERAL ____DISHONORABLE ____OTHER

PHYSICAL CONDITION: Excellent Good Fair Poor

WHY DO YOU WISH TO ATTEND THE CITIZEN POLICE ACADEMY?

HOW DID YOU FIRST HEAR ABOUT THE CITIZEN POLICE ACADEMY?

PLEASE FURNISH THREE PERSONAL REFERENCES. **DO NOT LIST RELATIVES OR PREVIOUS EMPLOYERS!** THESE REFERENCES MUST HAVE KNOWN YOU FOR AT LEAST TWO YEARS. PLEASE PROVIDE ALL REQUESTED INFORMATION. DO NOT LEAVE ANY BLANKS.

1. NAME _____

ADDRESS _____
NUMBER STREET

CITY COUNTY STATE HOW LONG ACQUAINTED

PHONE NOS. _____

2. NAME _____

ADDRESS _____
NUMBER STREET

CITY COUNTY STATE HOW LONG ACQUAINTED

PHONE NOS. _____

3. NAME _____

ADDRESS _____

NUMBER STREET

CITY COUNTY STATE HOW LONG ACQUAINTED

PHONE NOS. _____

HAVE YOU EVER BEEN CONVICTED OF A CRIME
 OR HAD A RECORD SEALED OR EXPUNGED? ____Y ____N
 IF YES, PLEASE PROVIDE THE FOLLOWING INFORMATION:

1. _____

DATE	CHARGE	POLICE AGENCY	CITY/COUNTY/COUNTRY
------	--------	---------------	---------------------

EXPLANATION: _____

2. _____

DATE	CHARGE	POLICE AGENCY	CITY/COUNTY/COUNTRY
------	--------	---------------	---------------------

EXPLANATION: _____

3. _____

DATE	CHARGE	POLICE AGENCY	CITY/COUNTY/COUNTRY
------	--------	---------------	---------------------

EXPLANATION: _____

HAVE YOU EVER BEEN FOUND GUILTY OR PLEAD NO CONTEST TO A MAJOR TRAFFIC
 OFFENSE i.e., DRIVING INTOXICATED, RECKLESS DRIVING, DRIVING WITH A SUSPENDED
 DRIVERS LICENSE? ____Y ____N
 IF YES, PLEASE EXPLAIN IN DETAIL: _____

CERTIFICATION

I agree to submit to the department's selection process and understand that I must successfully complete this process before given final consideration for acceptance into the Citizen Police Academy.

I authorize the South Euclid Police department to conduct a background investigation for the purpose of making a determination of eligibility for the Citizen Police Academy. I also understand that I can be accepted into the program one time and may be removed from the program for conduct detrimental to the academy or it's students. If accepted, I understand that I will be required to sign a confidentiality agreement.

I hereby authorize my employer, educational institutions, and any other persons or individuals to furnish any information concerning me, whether or not it is on their records, and I release them and their companies from any liability whatsoever. I certify that all statements given in this application are true and correct. I realize that falsification or misrepresentation on this or any other personnel record may result in my not being accepted into the Citizen Police Academy.

Also, in the event of acceptance and in consideration thereof, the department and any person or entity it may authorize, shall be entitled, without further consent, to use, in any manner required, any picture or photograph of me or a recording of my voice.

I have read and understand the above:

DATE

SIGNATURE OF APPLICANT

STATE OF

PRINT NAME OF APPLICANT

SHIRT SIZE: ___ S ___ M ___ L ___ XL ___ XXL

Applications are to be dropped off to the police dispatch center located at the address below. Also, a photocopy of your Ohio State Driver’s License or Ohio State Identification Card, and if applicable, a copy of Citizenship, Passport, or employment authorization documents must accompany this application. **DO NOT SEND ORIGINAL DOCUMENTS AS THEY WILL NOT BE RETURNED.** Applications received without supporting photocopies of documentation will not be accepted. If chosen, applicants will be notified via mail or e-mail.

South Euclid Police Department
1349 South Green Road
South Euclid, OH 44121
Attn: Detective Christine Marabito
(216) 381-1234 Fax: (216) 381-2522