



PALESTINE POLICE DEPARTMENT
Citizens Police Academy
APPLICATION



Date of Application: _____

Name: _____ DL #: _____
(Last, First, Middle)

Date of Birth: _____

Address: _____

Home Phone: _____ Work Phone: _____

Cell Phone: _____

E-Mail Address: _____

Employer: _____

Address: _____

Phone: _____ Occupation: _____

Have you ever been arrested: Yes _____ No _____

If you answered yes, please provide details of the arrest including the date, place of arrest, and disposition.

Briefly list any civic organizations or activities in which you are currently involved.

In order to be eligible for the Citizens Police Academy, you must (check all that apply):

Live in Palestine: _____ Work in Palestine: _____

Participate in Community Events in Palestine: _____

If eligibility is to be based on participation in the community, please specify in what capacity:

EDUCATION

High School Graduate: Yes _____ No _____ GED _____

Highest Grade Completed: _____

College Graduate: Yes _____ No _____

PERSONAL REFERENCES

1. _____
(Name) (Address)

(Home Phone) (Work Phone)

2. _____
(Name) (Address)

(Home Phone) (Work Phone)

3. _____
(Name) (Address)

(Home Phone) (Work Phone)

EMERGENCY CONTACT

Name: _____ Relationship: _____

Address: _____

Home Phone: _____ Work Phone: _____

Cell Phone: _____

Please review your answers carefully and read the following statement before signing this application.

I hereby certify that there are no willful misrepresentations, omissions, or falsifications in the foregoing statements and answers to questions. I understand that any omission or false statements on this application shall be sufficient cause for rejection for enrollment or dismissal from the Palestine Citizens Police Academy.

I further understand that the Palestine Citizens Academy will be conducting a thorough background investigation that may include, but is not limited to, criminal history, employment history, and personal references. I declare that I have never been convicted of a felony offense in this state, any other state, or the United States. I also understand that any student may be removed from the Palestine Citizens Police Academy if said student is disruptive or otherwise inhibits the concept of this program.

(Applicant's Signature)

(Date)

Please fax or return the completed application to:

Palestine Police Department
Training Coordinator
Attn: Cpl. Gary Rayford
504 North Queen
Palestine, Texas 75801

Palestine Police Department Training Coordinator: 903.731.8478 (Main)
903.729-0548 (Admin Fax)
GRayford@Palestine-tx.org (Email)