

Phoenix Police Department
Citizens Police Academy Application

Name: _____
(Last Name) (First Name) (Full Middle Name)

List all other names you have used, including nicknames and maiden names:

If you have ever used any other surname or legally changed your name, please state the time period this occurred and the circumstances. If you ever legally changed your name, please list the date, place, and court:

Date of Birth: Month: _____ Day: _____ Year: _____ Current Age: _____ Gender: Male _____ Female: _____

Place of Birth: City: _____ State: _____

Social Security Number: _____ / _____ / _____ Hair: _____ Eyes: _____

Citizenship (Country) _____ Acquired by: Birth: _____ Marriage: _____ Naturalization: _____

Home Address: _____
(Street) (City) (State) (Zip Code)

Home Phone #: () _____ Work Phone #: () _____

Cell Phone #: () _____

E-Mail Address: _____ Secondary E-Mail Address: _____

(NOTE: write legibly, as E-Mail will be the primary method of contact between you and PPD)

Emergency Contact: (full name and phone number of a relative or close associate that can be contacted)

Name: _____ Relationship: _____ Phone #: _____

Name of Current Employer: _____

Address: _____
(Street) (City) (State) (Zip Code)

Your Job Title: _____ Length of time you have been employed there: _____

If less than three years with employer, please list your former employer: _____

Your field of expertise: (list all that apply) _____

Your special skills: _____

NAME OF INDIVIDUAL WHO REFERRED YOU TO THIS PROGRAM: _____

Are they a CPA Graduate? Yes _____ Class # _____ No: _____ If PPD Employee, assigned where: _____

Have you ever been charged with a felony offense? Yes _____ No _____

Have you ever been convicted of a felony? Yes _____ No _____

If **yes**, list details pertaining to conviction, including date, place law enforcement agency, charge, court, and disposition:

I hereby authorize the Phoenix Police Department to conduct a standard check of law enforcement records on me. I understand this check will include, but not be limited to any records of charges, prosecutions or convictions for criminal or civil offenses. This check will be used for the purpose of the Citizens Academy application process. Any information obtained will be used for the purpose of providing clearance to participate in the Phoenix Police Department Citizens Police Academy.

(Full Name—PRINT)

(Full Name—SIGNATURE)

Date of Authorization: Month _____ Day: _____ Year: _____

Strong emphasis on community involvement will be considered during your CPA application process. List any-all organizations or community groups to which you belong:

Once you complete the Citizens Police Academy, how do you anticipate sharing your newly-acquired knowledge and experience?

Participation in Firearms Training and Photographic/Media Release Permissions:

Is there any reason you cannot participate in firearms training? Yes _____ No _____

If yes, please provide details:

Photos of class participants may be taken throughout the duration of the Citizens Academy. Photographs and/or video footage from media outlets may be used to assist in promoting the program. The department may also use photographs and/or video on our websites. Do you have any objections to your photograph being taken, or personally being interviewed by the media or having your image used? Yes _____ No _____

Your Signature:

Date: _____

Note: Applications are good for a period of one year from date of receipt by PPD.

FAX, SCAN and E-MAIL, or MAIL YOUR COMPLETED FORM TO:

Phoenix Police Department / Community Relations Bureau
Attention: Officer Joel Leavitt #7750
620 West Washington Street, Phoenix AZ 85003
DESK: (602) 256-3323 FAX: (602) 534-2346
Email: joel.leavitt@phoenix.gov
Bureau Main Phone #: (602) 534-5050