



## ADDISON POLICE DEPARTMENT CITIZENS POLICE ACADEMY APPLICATION FORM

Name \_\_\_\_\_  
(Last) (First) (Middle Initial)

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Date of Birth \_\_\_\_\_

Home Phone (\_\_\_\_) \_\_\_\_\_ Work Phone (\_\_\_\_) \_\_\_\_\_

Driver's License Number \_\_\_\_\_

Business or Occupation \_\_\_\_\_

Business Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Have you ever been arrested? Yes \_\_\_ No \_\_\_ If yes, give the name of the arresting agency, date of arrest and the charges placed against you.

---

---

---

[Other side]

Please describe why you want to attend this program:

---

---

---

---

---

## **Addison Police Department Waiver of Liability**

The information provided throughout this application form is factual and accurate. I authorize the Addison Police Department to run a criminal history check as part of the background investigation. I have read the program description for the Addison Citizens Police Academy and understand that this training program will not authorize me to carry a firearm or exercise peace officer powers if I am allowed to participate.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

Please return this signed application and the release of liability to:

Sergeant Omar Brucal  
Addison Police Department  
3 Friendship Plaza  
Addison, IL 60101