

**ANGLETON POLICE DEPARTMENT  
CITIZENS' POLICE ACADEMY APPLICATION**

DATE: \_\_\_\_\_

PLEASE PRINT

LAST NAME: \_\_\_\_\_ FIRST: \_\_\_\_\_ MI: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_ RACE: \_\_\_\_\_ SEX: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_ EMAIL \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

OCCUPATION: \_\_\_\_\_

EMPLOYER: \_\_\_\_\_

BUSINESS ADDRESS: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_ WORK PHONE: \_\_\_\_\_ CELL PHONE \_\_\_\_\_

**A LIMITED BACKGROUND CHECK WILL BE DONE ON ALL APPLICATIONS**

DRIVER'S LICENSE NO. : \_\_\_\_\_ SSN: \_\_\_\_\_

Organization(s) you are involved with:

---

---

---

Have you ever been arrested/convicted of a crime? If yes, please explain:

---

---

---

Why do you wish to attend the Citizens' Police Academy?

---

---

How did you hear about the Citizens' Police Academy?

---

---