



**Police
Department**



CITIZENS ACADEMY APPLICATION

NAME: _____ DATE OF BIRTH _____ SEX _____
 First Middle Last Mo/Day/Yr M/F

ADDRESS: _____

HOME PHONE/CELL PHONE: _____

DRIVER'S LICENSE NUMBER: _____

SOCIAL SECURITY NUMBER: _____

OCCUPATION: _____

WHAT ARE YOUR EXPECTATIONS IN ATTENDING THE ACADEMY?

WILL YOU BE ABLE TO ATTEND ALL OF THE CLASS SESSIONS? YES _____ NO _____

I hereby certify that the information contained in this application is true and complete to the best of my knowledge. The South Milwaukee Police Department is hereby authorized to investigate personal history for consideration to attend the Citizen's Academy.

Signature of Applicant

Date