Joplin Police Department
Citizens Police Academy
Application Form

Last Name: _____ First Name: _____ Middle: _____

Street Address: _____ City: _____ State: _____

Date of Birth: _____ Social Security Number: _____

Telephone # (Day)_____ (Evening) _____

Email Address: _____

Occupation: _____ Employer: _____

Length of Employment: Years _____ Months _____

Personal reference that we may contact: Name _____

Address: _____ Phone: _____

Have you ever been arrested, and if so, for what? _____

Have you ever been convicted of a criminal offense, and if so, what was the offense?

_____

What is your reason for wanting to participate in the Citizens Police Academy?

_____

All applicants must be at least 21 years of age. A background check will be done on each applicant. The Joplin Police Department reserves the right to deny entry to the Academy based on the findings of a background check.

All information on the above application is true. I authorize the Joplin Police Department to conduct a background check based on this application.

Signature:_____ Date: _____

Return this form to:
Joplin Police Department
Special Enforcement Unit
115 E 34th St., Joplin MO 64804
Fax (417) 627-8882

Academy Participant Release

I, _____, a voluntary participant in the Citizens Police Academy service program, do, for myself, my heirs, executors and administrators, forever remise, release and discharge the City of Joplin, including all representatives, of and from all manner of actions, causes of action, suits, debts and sums of money, dues, claims and demands, in law or equity, by reason of my participation in said program.

Signed: _____

Date: _____