

# Colleyville Police Department

## Citizens' Police Academy Application

Name: \_\_\_\_\_  
Last, First Middle

Address: \_\_\_\_\_  
Street City State Zip Code

Primary Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_  
(include area code) (include area code)

Primary e-mail address: \_\_\_\_\_

Employer: \_\_\_\_\_ Occupation: \_\_\_\_\_

Work Address: \_\_\_\_\_  
Street City State Zip Code

Driver License Number: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Race: \_\_\_\_\_ Gender: \_\_\_\_\_ Shirt Size: \_\_\_\_\_

How did you hear about the Citizens' Police Academy?

Organizations you are involved in:

Have you ever been arrested for, or convicted of, any crime? Yes  No

If yes, please explain:

"I hereby certify there are no willful misrepresentations, omissions or falsifications in the foregoing statements and answers. I understand any omission or false statement on this application shall be sufficient cause for rejection for enrollment into, or dismissal from, the Colleyville Citizens' Police Academy. I further understand the Colleyville Police Department will be conducting a thorough background investigation that may include, but is not limited to, criminal history, employment history and personal references."

Applicant's signature \_\_\_\_\_

Date: \_\_\_\_\_

Return completed applications to:  
Colleyville Police Department  
5201 Riverwalk Dr., Colleyville, Tx 76034  
-OR-  
E-mail a scanned copy to: tgrisso@colleyville.com

--For CPA staff only--

Received by: \_\_\_\_\_

Date: \_\_\_\_\_