



Norman Police Department CITIZENS POLICE ACADEMY



Applicant must be 18 years of age or older to attend the Academy

Print in ink or type all answers. If more space is needed, use an additional sheet of paper.

Date: _____

Last Name: _____ First: _____

Full Middle Name: _____ Maiden: _____

DOB: _____ Age: _____ Race: _____ Name you want on ID: _____

Home Address: _____

City: _____ State: _____ Zip Code: _____

E-Mail Address (Home): _____ E-Mail Address (Work): _____

SS#: _____ Home Phone #: _____ Mobile #: _____

Occupation: _____ Explain your position: _____

Company Name: _____

Address: _____ City: _____

State: _____ Zip Code: _____ Bus. Phone #: _____

Fax #: _____ E-Mail: _____

In case of emergency please notify:

Name: _____ Home Phone #: _____

Cell Phone #: _____

Address: _____

Relationship: _____

Please answer yes or no to the following questions and provide explanations where needed.

1. Have you ever been arrested for a crime other than traffic offenses? Yes or No. If yes, please explain with disposition and dates.

NOTE: APPLICANT CONVICTED OF A FELONY IS INELIGIBLE TO ATTEND.

2. Do you have a valid driver's license? Yes or No (Please circle)

Driver's License number: _____ State: _____

3. Are you 18 years of age or older? Yes or No (Please circle)

4. Do you have any special needs that require accommodation in order for you to participate in this program? Yes or No (Please circle)

Please Explain: _____

5. Are you allergic to anything? Yes or No (Please circle)

Please explain: _____

6. How did you hear about the academy?

7. Do you know someone who has previously attended the academy?

Yes or No (Please circle) If yes, please explain:

8. Do you know any law enforcement officers? Yes or No. If yes, who and what department?

If yes, please explain your relationship to them:

9. Have you previously applied for the academy? Yes or No (Please circle) If yes, please explain:

10. Are you interested in law enforcement as a career? Yes or No (Please circle) If yes, please explain:

11. Please use the back of this form to state why you are interested in attending the Citizen Police Academy.

NOTE: THIS IS A VERY IMPORTANT QUESTION TO ANSWER THOROUGHLY.

12. Please list community involved activities, any associations, or organizations in which you participate:

13. Do you have a Concealed Carry Firearms Permit? Yes or No (Please Circle)

14. List three character references that are not family members or employers:

Name: _____ Home / Cell Number: _____

Name: _____ Home / Cell Number: _____

Name: _____ Home / Cell Number: _____

I hereby certify that there are no willful falsifications, omissions, or misrepresentations in the foregoing statements and answers to questions. I understand that any omission or false statement on this application shall be sufficient cause to reject my application or dismissal from the Norman Police Department Citizens Police Academy. I also grant permission to the Norman Police Department to verify the above information contained on this application and to check my prior criminal history, if any.

Signature of Applicant

Date

Norman Police Department
Attention: Sgt. Jeffrey Casillas
112 West Daws Street
Norman, OK 73069
Phone: (405) 366-5279
Fax: (405) 366-5329
E-Mail: jeffrey.casillas@normanok.gov