

## Community Police Academy Application



Thank you for your interest in becoming a part of the Oklahoma City Police Department Community Police Academy. The Community Police Academy is a 10 week program, which meets on Tuesday afternoon from 6:00p.m. - 9:00 p.m. Attendance is the most important factor in reaching the desired goal of the program. Absences are permitted; however, attendance is encouraged.

Name (Last/First/ Middle):				Age:	Date of	of Birth:	
Race/Sex:							
Address:		City:			State:		Zip:
Cell Phone:	Work Phon	ie:					
Place of Employment:			E	mail Address:			
Business Address:			City:	State	, •	Zip:	
<i>Criminal History and Driving Record</i> Oklahoma Drivers License Number:							

Has your license ever been suspended or revoked? Yes: No:

Have you ever been convicted of a crime? (excluding a traffic offense) Yes: No: *If yes, please provide information, such as date of arrest, charge, and disposition of case:* 

## Signature of Acknowledgment

I certify that all statements made on this application are true and complete. I understand that I may be rejected for submitting incomplete or false information. I hearby authorize the employees of the Oklahoma City Police Department to make an examination of the above information for the purpose of evaluating my application.

## **IMPORTANT:** This training is not designed to certify participants to perform law enforcement services. The purposes is to enhance community relations and to provide individuals with insights into the criminal justice system.

By signing, I am saying that I agree to the provisions of this release.

Signature:

Date:

Oklahoma City Police Department	All applicants must either		
Training Center	reside or work in		
800 N. Portland Avenue	Oklahoma City to be		
Oklahoma City, Oklahoma 73107	considered. Must be		
(405) 297-1110 Fax (405) 316-1110	18 years old or older to attend		