



LINCOLNSHIRE POLICE DEPARTMENT



CITIZENS POLICE ACADEMY APPLICATION FORM

All applicants must reside or work in the Village of Lincolnshire. Applicants must be 21 years of age. A background check will also be conducted on each applicant. Please type or print.

PERSONAL INFORMATION			
Full Name	Last	First	Middle
Residence Address	City	State	Zip
Telephone No.	Cell Phone No.	Age	
Date of Birth	E-mail Address		
Driver's License No.	State	Expires	

If not a Lincolnshire resident, please complete this section:

PLACE OF EMPLOYMENT				
Place of Employment	Occupation			
Address	City	State	Zip	Telephone No.

CRIMINAL HISTORY

Have you ever been arrested? If yes, state nature of the offense(s) and its disposition.

Briefly describe your interest in participating in the Lincolnshire Citizens Police Academy

How did you hear about the Citizens Police Academy?

APPLICANT SIGNATURE

I certify that all statements on this application are true and complete. I agree and understand that any deliberate misstatements or omissions of material facts may disqualify me from attending the Citizens Police Academy. My signature below acknowledges my understanding and agreement with the material provided. I authorize the Lincolnshire Police Department to conduct a background check based off this application.

Applicant Signature

Date

Fax or mail completed applications to Sergeant Jamie Watson:

Fax#: 847-883-9909

Mailing Address: Lincolnshire Police Department
1 Olde Half Day Road
Lincolnshire IL 60069