

# Colleyville Police Department

## Citizens' Police Academy

### Application

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

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

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

Email address you would like to have messages concerning the CPA sent to:

\_\_\_\_\_

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

Work Address: \_\_\_\_\_

Driver's License number: \_\_\_\_\_ Social Security number: \_\_\_\_\_

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

How did you hear about the Citizens' Police Academy?

\_\_\_\_\_

Organizations you are involved in:

\_\_\_\_\_

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

If yes, please explain:

\_\_\_\_\_

" I hereby certify that there are no willful misrepresentations, omissions or falsifications in the foregoing statements and answers. I understand that any omission or false statements on this application shall be sufficient cause for rejection for enrollment or dismissal from the Colleyville Citizens' Police Academy.

I further understand that 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."

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

Applicant's signature

Return completed applications to:  
Colleyville Police Community Services  
5201 Riverwalk Dr.  
Colleyville, Tx 76034

For CPA staff only:

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