



**CITIZENS' POLICE ACADEMY
APPLICATION FOR ENROLLMENT**

Applicants **MUST** be 21 years of age to apply. Incomplete and/or unsigned applications will delay the processing. Please furnish all requested information. Please PRINT or TYPE.

Name: _____ Date: _____

Address: _____ Zip: _____ Phone: _____

Date of Birth: _____ Driver's License # _____ State: _____

Email Address: _____

Occupation: _____ Employer/Business Name: _____

What is your objective for the Citizens' Police Academy? _____

How did you hear about us? Friend: _____ Other: _____

Do you possess a concealed weapons/firearm permit? _____

List any medications and/or allergies we may need to know about, **and** the name and telephone number to a person to contact in case of emergency _____

Have you ever been convicted of a felony, violent misdemeanor or are you currently on probation/parole for any offence? _____ If yes explain _____

If you are accepted as a student in the Citizens' Police Academy, you will receive instruction and educational materials related to the mission of the Hanford Police Department. Some of the material presented will be of privileged or confidential nature. Due to the sensitivity of this information, it is necessary for the Hanford Police Department to conduct background checks to determine the suitability of those persons desiring to attend academy classes. Please be sure to answer all questions as completely and accurately as possible. Any intentional misrepresentation or omission of facts will be grounds for denial of admission to the academy, or if already enrolled, immediate termination.

A CRIMINAL HISTORY CHECK WILL BE MADE ON ALL PERSONS APPLYING FOR ENROLLMENT IN THE CITIZENS POLICE ACADEMY

APPLICANTS MUST COMPLETE THE FOLLOWING

I _____ hereby acknowledge that I have completed the above application completely and accurately to the best of my knowledge. I also acknowledge that the Hanford Police Department will be conducting a background investigation on me to determine my suitability for admission to this program. Permission is hereby granted to conduct a background investigation based on the information given in this application. **INCLUDE A COPY OF YOUR PHOTO ID WITH THIS APPLICATION**

Signature of Applicant _____ Date _____

Please return completed applications to:
The Hanford Police Department
425 N Irwin Street Hanford, CA 93230
For further information contact the program coordinator at (559) 585-2540