



Council Bluffs Police Department Citizens Police Academy Application



Name: _____ D.O.B. _____
(Last) (First) (Middle) (M/D/Y)
 Address: _____ City: _____ State: _____ Zip: _____
 SSN: _____ Driver's License Number: _____ Email: _____
 Cellphone: _____ Home Phone: _____ Work Phone: _____
 Occupation: _____ Company Name: _____

Have you ever been arrested? Yes No

If yes, please explain: _____

(Important Notice: Any applicant convicted of a felony is ineligible to attend.)

Are you 18 years of age or older? Yes No

Have you ever applied for the Academy before? Yes No

Why would you like to attend the Citizens Police Academy? _____

Do you know any Council Bluffs Police Officers? If so, who? _____

How did you hear about the Citizens Academy? _____

Important Notice: A criminal records check will be conducted on all applications for the Citizens Police Academy. By adding your digital signature or typing your name below, you hereby grant the Council Bluffs Police Department authority to conduct a criminal history check. I have also reviewed the academy schedule and will be able to attend throughout the 12-week course.

Signature of participant: _____ Date: _____

Please return to:

Council Bluffs Police Department
 PAR Unit / Citizen Police Academy
 1 Ezra Jackson Way
 Council Bluffs, IA 51503