McMinnville Police Department
Citizens Academy Application

Name:_____
First Middle Last

Address: _____
Street City State Zip

Place of Employment:_____

Phone (Home)_____(Work)_____

E-Mail Address:_____

Social Security Number_____ DOB:_____

Driver's License Number_____State_____Class_____

Have you ever been convicted of any felony? Yes_____ No_____

If yes, explain where, when and disposition:_____

I certify that all statement on this application are true and complete. I authorize any individual company, organization, or institution to release any and all information concerning statements made by me on this application. I do hereby release all parties and individuals connected therewith from all liabilities for any damages whatsoever incurred in furnishing misstatements or omitting material facts that my disqualify me from attending the McMinnville Police Department's Citizens Academy. I authorize the McMinnville Police Department to do a criminal background check. My signature acknowledges my understanding and agreement with material provided

_____ _____
Signature Date