

CITIZEN'S POLICE ACADEMY APPLICATION

A Joint Project

WILL COUNTY SHERIFF'S OFFICE
NEW LENOX POLICE DEPARTMENT
FRANKFORT POLICE DEPARTMENT
MANHATTAN POLICE DEPARTMENT
MOKENA POLICE DEPARTMENT

Name _____ Date of Birth _____
Last First Middle

Address _____

City / State / Zip _____

Work Phone _____ Home Phone _____

Driver's License # _____

E-mail Address _____

Employer _____ Occupation _____

Employers Address _____
Street City State Zip

Have you been arrested for any offense other than traffic? _____ Yes _____ No

If yes, what for? _____ When? _____

Please briefly list or describe any civic activities / organizations you are involved in:

What experience have you had with Law Enforcement? _____ Positive _____ Negative

Briefly explain:

Briefly explain your interest in the Citizen's Academy:

What do you expect to gain from attending the Citizen's Academy?

Person to contact in case of emergency during your attendance at the Academy:

Name _____ Phone _____

WAIVER

I hereby certify that the information contained in this application is true and complete to the best of my knowledge. You are hereby authorized to make any investigation of my personal history deemed necessary for consideration to attend the Citizen's Police Academy.

Signature _____ Date _____

You can email this application to admin@frankfortil.org; or drop off this application at the Frankfort Police Department, 20602 Lincoln-Way Lane, Frankfort, IL 60423