



ARGYLE POLICE DEPARTMENT

CITIZENS POLICE ACADEMY APPLICATION

Must be at least 18 years old to apply. Incomplete or unsigned applications will not be considered.

Name: _____ DOB: _____

Race: _____ Gender: _____ Driver's License #: _____

Home address: _____

City: _____ State: _____ Zip: _____

Present Employer: _____

Business Address: _____

Work Phone: _____ Home Phone: _____ Cell Phone: _____

Email Address: _____

Have you ever been arrested, convicted of, or cited for an offense other than a traffic citation: YES NO

If Yes, explain in detail (date, charge, location, action taken):

Why do you wish to be enrolled in the Argyle Citizens Police Academy?

I HEREBY CERTIFY THAT THERE ARE NO WILLFUL MISREPRESENTATIONS, OMISSIONS OR FALSIFICATIONS IN THE FOREGOING STATEMENTS AND ANSWERS TO QUESTIONS. I UNDERSTAND THAT ANY OMISSIONS OR FALSE STATEMENTS ON THE APPLICATION SHALL BE SUFFICIENT CAUSE FOR REJECTION FOR ENROLLMENT OR DISMISSAL FROM THE ARGYLE POLICE DEPARTMENT CITIZENS POLICE ACADEMY. I FURTHER UNDERSTAND THAT THE ARGYLE POLICE DEPARTMENT WILL BE CONDUCTING A BACKGROUND REVIEW THAT MAY INCLUDE, BUT WILL NOT BE LIMITED TO, ANY CRIMINAL HISTORY.

Signature

Date