



## Application for the Cibolo Police Department Citizens Police Academy

Name (Last, First, MI): \_\_\_\_\_

Address: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ E-mail \_\_\_\_\_

Date of Birth: \_\_\_\_\_ DL#: \_\_\_\_\_ State DL #: \_\_\_\_\_

Occupation: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employer Address: \_\_\_\_\_

### Emergency Contacts

Name & Relationship \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Medical Conditions \_\_\_\_\_ Allergies to medication \_\_\_\_\_

How did you hear about us? \_\_\_\_\_

What is your objective for attending the Citizens Police Academy? \_\_\_\_\_

\_\_\_\_\_

**Have you ever been convicted of a felony or are you currently on probation/parole for any offense?** \_\_\_\_\_

**If yes, please explain:** \_\_\_\_\_

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If you are accepted as a student in the Citizen Police Academy, you will receive instruction and educational materials related to the law enforcement mission of the Cibolo Police Department. As such, some of the material presented will be of privileged or confidential nature. Due to the sensitivity of this information, it is necessary for the Cibolo Police Department to conduct background checks to determine the suitability of persons desiring to attend academy classes. Please be sure to have answered 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 CITIZEN POLICE ACADEMY.

APPLICANT 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 Cibolo 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 provided in this application.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Applications may either be mailed to the Cibolo Police Department at 162 Loop 539 E, Cibolo, TX 78108; scanned and emailed to the Cibolo Police Department Crime Prevention Unit at [police@cibolotx.gov](mailto:police@cibolotx.gov) ; or faxed to (210) 659-1080.