

## Citizen's Police Academy Application for Enrollment

Name: \_\_\_\_\_  
                    First                    M.                    Last

Date of Birth: \_\_\_\_\_  
  Month                    Day                    Year

Home Address: \_\_\_\_\_

Drivers License No. \_\_\_\_\_

\_\_\_\_\_  
City                    State                    Zip Code

Gender: \_\_\_\_\_  
(Work) \_\_\_\_\_

Present Employer \_\_\_\_\_

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

Email Address (Home) \_\_\_\_\_ (Work) \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Telephone: \_\_\_\_\_

Shirt Size S \_\_\_\_\_ M \_\_\_\_\_ L \_\_\_\_\_ XL \_\_\_\_\_ XXL \_\_\_\_\_ Other \_\_\_\_\_

### Personal References:

Name: \_\_\_\_\_  
                    First                    M                    Last

Name: \_\_\_\_\_  
                    First                    M                    Last

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

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

\_\_\_\_\_  
Telephone: (Home) \_\_\_\_\_

\_\_\_\_\_  
(Home) \_\_\_\_\_

Telephone: (Work) \_\_\_\_\_

(Work) \_\_\_\_\_

Prior to acceptance, applicants will be investigated as to arrests for prior criminal offences. A prior conviction will not automatically disqualify an applicant. Each applicant's situation will be considered as it relates to the academy.

**You are hereby authorized to make any investigation of my personal criminal history deemed necessary for consideration to enter the Billings Citizens Police Academy.**

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

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

# Citizen's Police Academy

*Information and Application  
for Enrollment*



## BILLINGS MT

**Tel: 406 657-8375**

**Applicants will be contacted by mail advising them of their acceptance into the academy**