

Citizen's Police Academy Application for Enrollment

Name: _____
 First M. Last

Date of Birth: _____
 Month Day Year

Home Address: _____

City State Zip Code

Drivers License No. _____
Gender: _____

Telephone: (Home) _____

(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: _____

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

Citizen's Police Academy

*Information and Application
for Enrollment*



**BILLINGS
MT**

Tel: 406 657-8452