

CITY OF FAIRBURN POLICE DEPARTMENT

CITIZENS POLICE ACADEMY APPLICATION



FIRST NAME: _____ LAST NAME: _____

ADDRESS: _____

PHONE: _____ EMAIL: _____

DATE OF BIRTH: _____ DRIVERS LICENSE #: _____

DRIVERS LICENSE STATE: _____

EMPLOYER NAME: _____ EMPLOYER ADDRESS: _____

DO YOU LIVE IN THE CITY OF FAIRBURN? YES NO

DO YOU OWN A BUSINESS IN THE CITY OF FAIRBURN? YES NO

DO YOU WORK FOR THE CITY OF FAIRBURN? YES NO

ARE YOU COMMITTED TO ATTENDING ALL SCHEDULED CLASSES? YES NO

HAVE YOU EVER BEEN ARRESTED FOR ANY OFFENSE OTHER THAN MINOR TRAFFIC OFFENSES? YES NO

IF YES, WHAT FOR: _____

WHEN: _____ WHERE: _____

SHIRT SIZE (CHECK ONE) S M L XL XXL XXXL

I hereby certify that the information contained in this application is true and complete to the best of my knowledge. The Fairburn Police Department is authorized to make any investigation of my personal history deemed necessary for consideration to participate in the Citizens Police Academy.

SIGNATURE: _____ DATE: _____

Please type full name above

FOR OFFICIAL USE ONLY

DATE/TIME RECEIVED: _____

CRIMINAL HISTORY CHECK DATE/TIME: _____

CHIEF APPROVAL: _____

