



**KEARNEY POLICE DEPARTMENT
BUFFALO COUNTY SHERIFF'S OFFICE
CITIZEN POLICE ACADEMY
APPLICATION**



Date of Application: _____

Name (First, MI, Last): _____ Date of Birth: _____

Address: _____ Work Phone: _____

City/State/Zip: _____ Home Phone: _____

E-mail Address: _____

Driver's License #: _____ State: _____

Employer: _____

Occupation: _____

Have you been arrested for any offense other than traffic violations? (Circle One) YES NO

If you circled YES, list the Type of Offense: _____

Date: _____ Location: _____

Type of Offense: _____

Date: _____ Location: _____

What experience have you had with law enforcement? (Circle One) POSITIVE NEGATIVE

Briefly Explain: _____

Briefly Explain your Interest in the Citizen's Academy: _____

Will you be able to attend all of the class sessions? (Circle One) YES NO

List a person to be contacted in case of emergency during your attendance at Citizen's Academy.

Name: _____

Address: _____

Telephone: _____ Relationship: _____

I hereby certify that the information contained in this application is true and complete to the best of my knowledge. You are hereby authorized to make any investigation of my personal history deemed necessary for consideration to attend the Citizen Police Academy.

Signature of Applicant

Date