CHESTERFIELD POLICE DEPARTMENT

CITIZEN POLICE ACADEMY
Session No. 15
(Begins May 13, 2013)

-APPLICATION FORM-

(PLEASE TYPE OR PRINT)

NAME: _____
(LAST) (FIRST) (INITIAL)

HOME ADDRESS: _____

CITY/ZIP CODE: _____

HOME PHONE: _____

E-MAIL ADDRESS: _____

DATE OF BIRTH: _____ SOCIAL SECURITY NUMBER: _____

DRIVERS LICENSE NUMBER: _____ STATE: _____

EMPLOYER: _____

ADDRESS: _____

CITY/ZIP CODE: _____

PHONE: _____

POSITION: _____

REASON FOR APPLICATION TO THE CITIZENS POLICE ACADEMY:

_____

_____

_____

Please return completed applications to Lt. Cheryl Funkhouser, Commander – Bureau of Administration. Chesterfield Police Department, 690 Chesterfield Parkway West, Chesterfield, MO 63017.
Return no later than April 29, 2013. **The program is limited to 20 applicants.**