



# MISSION POLICE DEPARTMENT



## CITIZENS' POLICE ACADEMY APPLICATION

DATE OF APPLICATION: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

NAME: \_\_\_\_\_ SEX: \_\_\_\_\_  
LAST FIRST MI.

ALIAS (MAIDEN) \_\_\_\_\_ SSN: \_\_\_\_\_ DOB: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ ST: \_\_\_\_\_

PREVIOUS ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ ST: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_ WORK PHONE: \_\_\_\_\_ CELL PHONE: \_\_\_\_\_

E-MAIL: \_\_\_\_\_

**Drivers License No:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Expires:** \_\_\_\_\_

Has your Drivers License been suspended or revoked:  Yes  No    If Yes Explain:  
 \_\_\_\_\_  
 \_\_\_\_\_

**Have You Ever Been Arrested for a Crime?:**  Yes  No    If Yes Explain:  
 \_\_\_\_\_  
 \_\_\_\_\_

**Present Employer:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **Supervisor:** \_\_\_\_\_

**How Did You Hear About the Citizens' Police Academy?**  
 \_\_\_\_\_

**Return Completed Application to:**  
**Lt. Robert Meyers**  
 913-676-8333 Office  
 913-722-3011 Fax  
 rmeyers@missionks.org

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