

Chico Police Department Citizens Academy Application

(Please Print or Type Clearly)

Full Name _____

Date of Birth _____ Drivers License # _____

Mailing Address _____

City, State, Zip Code _____

Home Phone: _____ Work Phone: _____

Occupation: _____ E-mail Address (optional): _____

Employer Name: _____

Employer Address: _____

Physical Disabilities: _____

Are you a member of any civic group or professional organization ? _____

If yes, details: _____

Have you ever been convicted of a felony ? _____ If yes, details _____

Have you ever been convicted of a misdemeanor ? _____ If yes, details _____

Why do you wish to attend the Chico Police Departments Citizens Academy ? _____

I authorize the Chico Police Department to conduct a background check prior to my acceptance into the Citizens Academy.

Signed _____ Dated _____