

**Jacksonville Police Department  
Citizens Police Academy**

Application

Date: \_\_\_\_\_

Name: \_\_\_\_\_  
(Last, First, Middle)

Alias/ Maiden: \_\_\_\_\_

Address: \_\_\_\_\_  
(Street, City, State, Zip)

Date of Birth: \_\_\_\_\_ AR DL#: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Other: \_\_\_\_\_

Email Address: \_\_\_\_\_

Employer: \_\_\_\_\_

Employer  
Address: \_\_\_\_\_  
(Street, City, State, Zip)

Occupation: \_\_\_\_\_

Have you ever been arrested? Yes \_\_\_\_\_ No \_\_\_\_\_

If you answered yes, please provide details of the arrest, including the date, place of arrest, offense and disposition:

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**Education**

High School Graduate: Yes \_\_\_\_\_ No \_\_\_\_\_ Ged \_\_\_\_\_

Highest level of Education: \_\_\_\_\_

If college, degree(s), major or intentions: \_\_\_\_\_

**Emergency Contact:**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_  
(Street, city, state, zip)

Home phone: \_\_\_\_\_ Work phone: \_\_\_\_\_

Cell phone: \_\_\_\_\_ Other: \_\_\_\_\_

Please review your answers carefully and read the following statement before signing this application!

I hereby certify that there are no willful misrepresentations, omissions, or falsifications in the foregoing statements and answers to questions. I understand that any omissions or false statements on this application shall be sufficient cause for rejection for enrollment or dismissal from the Jacksonville Citizens Police Academy.

I further understand that the Jacksonville Police Department will be conducting a thorough background investigation that may include, but not limited to, criminal history and employment history. I declare I have never been convicted of a felony offense in this state, any other state, or the United States of America. I also understand that any student may be removed from the Jacksonville Citizens Police Academy if said student is disruptive or otherwise inhibits the concept of this program.

\_\_\_\_\_  
Applicants Signature

\_\_\_\_\_  
Date

Please return completed application and waiver of liability to:

Attn: Sgt. Raymond Jones  
rjones@cityofjacksonville.net  
or  
Ofc. Kenneth Harness  
kharness@cityofjacksonville.net

Jacksonville Police Department  
1400 Marshall Road Jacksonville  
AR, 72076  
501-982-3191  
Fax: 501-985-0505

\*Notary available at Jacksonville Police Department for Waiver Document\*

Jacksonville Citizens Police Academy  
**WAIVER OF LIABILITY AND HOLD HARMLESS AGREEMENT**

State of Arkansas  
Pulaski County

I, \_\_\_\_\_, for and in consideration of the privilege of being a participant in the Citizens Police Academy of the City of Jacksonville, Arkansas, and allowed use of the City of Jacksonville property, equipment and services, including, but not limited to the weapons, firing range and recognizing that such activity is dangerous to my property and person, do hereby assume the risks from such service, and do hereby release and hold harmless the City of Jacksonville, it's city council, Police Department, agents and employees, and representatives in both their public and private capacities, from any and all liability, claims, suits, demands, or causes of action which may arise.

Signed, this the \_\_\_\_\_ day of \_\_\_\_\_,  
20 \_\_\_\_\_ A.D.

\_\_\_\_\_  
(Applicants Signature)

SUBSCRIBED AND SWORN to before me, this \_\_\_\_\_ day of  
\_\_\_\_\_, 20 \_\_\_\_\_ A.D.

\_\_\_\_\_  
Notary Public, State of Arkansas