

**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:

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. James Brady
(jbrady@cityofjacksonville.net)

or

Ofc. Charles Hughes
(chughes@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