



**FORT WORTH POLICE DEPARTMENT  
CITIZENS POLICE ACADEMY  
APPLICATION FOR ENROLLMENT**



**Please print or type the following information:**

**Referred By:** \_\_\_\_\_

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

Driver's License Number: \_\_\_\_\_

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Business Address: \_\_\_\_\_ Occupation: \_\_\_\_\_

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

Cell Phone: \_\_\_\_\_ Email Address: \_\_\_\_\_

Do you need special accommodations to attend this class? YES \_\_\_\_\_ NO \_\_\_\_\_

If yes, what are those accommodations? \_\_\_\_\_

Why do you wish to attend the Citizen Police Academy?

\_\_\_\_\_  
\_\_\_\_\_

Have you ever been arrested or convicted of a crime? YES \_\_\_\_\_ NO \_\_\_\_\_

If yes, please explain: \_\_\_\_\_

Give the names and addresses/phone number of two references:

1) Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Email: \_\_\_\_\_

2) Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Email: \_\_\_\_\_

\*\*\*\*\*FOR DIVISION USE ONLY\*\*\*\*\*

**CRIMINAL HISTORY CHECK: \_\_\_ ATTACHED \_\_\_ NONE**

**OFFICER: \_\_\_\_\_ DIVISION: \_\_\_\_\_**

**NAME AND SIGNATURE OF PATROL COMMANDER/SUPERVISOR APPROVING APPLICATION:**

**X: \_\_\_\_\_ DATE: \_\_\_\_\_**