CITIZEN'S POLICE ACADEMY
APPLICATION

Legal Name:_____
Last First Middle Initial

Address: _____

City: _____State:_____ Zip Code:_____

Phone: _____Date of Birth:_____

SSN:_____

Occupation/Title:_____

Place/Type of Business:_____

Business Address:_____

City: _____State:_____ Zip Code:_____

Phone:_____ Date of Hire:_____

History of prior felony arrests/convictions:

_____

_____

Please complete this application and mail to:
Peoria Police Department
PO BOX 340
Peoria, AZ 85380-0340
or fax application to (623) 773-8006