



Elmhurst Police Citizen's Police Academy



Last Name: _____ First: _____ Middle Initial: _____

Full Address: _____

Telephone: Home () _____ Work: () _____

Email address: _____@_____.

Date of Birth: ____/____/____ Driver's License #: ____-____-____

Physical condition: (check one) Excellent _____ Good _____ Fair _____ Poor _____

Occupation: _____

Emergency Contact Name: _____ Telephone: () _____-_____

One personal reference that we may contact:

Name: _____

Full Address: _____

Telephone: Home () _____ Work: () _____

Have you ever had contact with the police?

How did you hear about this program? (Check one)

Friend _____ Neighborhood Roll Call _____ Website _____ from previous Citizen's Police Academy attendee _____ Water billing insert _____

Other _____



Elmhurst Police Citizen Police Academy Background Check Release Form



All applicants must either live or work in the City of Elmhurst. They must be 21 years of age. A background check may be conducted on each applicant. The Elmhurst Police Department reserves the right to deny admission to the Academy based on the information found as a result of the background check.

Signature: _____ Date: _____

All release forms must be delivered to:

Administrative Asst. J. Carrington
Citizen Police Academy
Elmhurst Police Dept
125 E 1st St
Elmhurst, IL 60126-2818