

Davis Police Department

Citizen's Academy Application

Personal

Name: _____ Date: _____

Address: _____ Home Phone: _____

City: _____ Zip: _____ Work Phone: _____

Email Address: _____

Drivers License No. : _____ Social Security #: _____ - _____ - _____

If under age 18,

Parent's Name: _____ Phone: _____

Parent's Address: _____

Have you been employed by, or applied to, the City of Davis before? Yes No

If yes, please explain: _____

Education and Training

Highest Grade Completed: _____ School: _____

College/University/ Trade School	Course of Study/ Major	Date Degree of Certificate Awarded	Type of Degree Or Certificate
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Other professional licenses/certificates or memberships in professional associations:

Security Disclosure

Have you ever been convicted of a felony? Yes No

If yes, explanation: _____

You may omit any offense for which the record has been sealed or expunged by the court.

Current Employment /Work Experience

Employer: _____ Phone: _____

Address: _____
Number Street Suite City State Zip

Position: _____ Supervisor Name/Title: _____

Duties and Responsibilities: _____

Certification:

I certify that the information given by me in this application is true and complete in all respects to the best of my knowledge and belief, and I agree that any false statements or omissions shall be considered sufficient cause for disqualification from further consideration or dismissal if I am ultimately selected. I understand that nothing contained in this application is intended to create an employment contract between the City of Davis and myself . No promises regarding employment have been made to me, and I understand that no such promise or guarantee will be made. The Citizen Police Academy is a voluntary event subject to cancellation or termination at any time.

Authorization for Criminal Records Check

I hereby authorize the City of Davis to conduct a background records check to determine whether I have any felony convictions or pending criminal charges

I have read, understand and agree to the information noted above:

Signature of Applicant

Date Signed

Return application to:
Davis Police Department
PSS Reynolds
2600 Fifth Street
Davis, CA 95618
Direct Questions to Michele Reynolds 530-747-5411