

Davis Police Department

Citizen Police Academy Application Form

Personal

Name: _____	Date: _____	
Address: _____	Home Phone: _____	
City: _____	Zip: _____	Work Phone: _____
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? <input type="checkbox"/> Yes <input type="checkbox"/> 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
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 95616
Direct Questions to Michele Reynolds 530-747-5411