

DICKINSON POLICE DEPARTMENT

66 MUSEUM DRIVE, DICKINSON, ND 58601

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

Application for Admission to  
CITIZEN'S POLICE ACADEMY

A\_\_\_\_ R\_\_\_\_  
(Office Use Only)

NAME: \_\_\_\_\_  
(Last) (First) (Middle)

ADDRESS: \_\_\_\_\_  
(Street) (City) (State, Zip)

Length of time as this address: \_\_\_\_\_ Previous Address: \_\_\_\_\_

Telephone # (Home) \_\_\_\_\_ (Work) \_\_\_\_\_

Driver's License #: \_\_\_\_\_ State (If not ND) \_\_\_\_\_ DOB: \_\_\_\_\_

Employer: \_\_\_\_\_ Occupation: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone #: \_\_\_\_\_

Email address: \_\_\_\_\_

Formal Education: (Highest Grade Attained) (Please Circle) 8 9 10 11 12 13 14 15 16 17 18 18+

CRIMINAL HISTORY

Have you ever been arrested and convicted of a crime other than traffic offenses?  YES  NO

\_\_\_\_\_

How did you hear about the Academy?

\_\_\_\_\_

What do you expect to gain from attending this Academy?

\_\_\_\_\_

What experience have you had with law enforcement?  Positive  Negative  In-between

Please Explain: \_\_\_\_\_

Will you be able to attend all of the class sessions?  YES  NO

I CERTIFY THAT THE INFORMATION ON THIS APPLICATION IS TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE. I ALSO GRANT PERMISSION TO THE DICKINSON POLICE DEPARTMENT TO VERIFY THE INFORMATION CONTAINED IN THIS APPLICATION.

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Date)

NOTE: Please return this application to the Dickinson Police Department. If you have any questions, please call 456-7759. Thank you for your interest.