



Conyers Police Department

Citizens Police Academy

Application for Admittance

First Name _____ MI _____ Last Name _____ Preferred Name _____

Date of Birth _____ Race _____ Sex _____ Social Security Number _____

Street Address _____ Apartment# _____ City _____ State _____ Zip _____

Driver's License Number _____ Driver's License State _____ Occupation _____

Employer _____ Employer's Address _____

Home Phone _____ Business Phone _____ Cell Phone _____

Email Address _____

How long have you lived in Conyers? Years _____ Months _____

Address prior to moving to Conyers _____

Have you ever been arrested for any offense other than minor traffic offense? Y/N _____

If yes for _____ When? _____ Where? _____

Have you ever been convicted of a felony? Yes _____ No _____

How did you Hear about the Academy? _____

What do you expect to gain from attending? _____

What size shirt do you wear? S ___ M ___ L ___ XL ___ XXL ___

Will you be able to attend all classes? Yes _____ No _____

I hereby certify that the information contained in this application is true to the best of my knowledge. The Conyers Police Department is authorized to make any investigation of my personal history deemed necessary for consideration to attend the Citizens Police Academy.

Signature: _____ Date _____

For Official Use Only

Information verified by _____ Date _____

Other _____

DRIVER & CRIMINAL HISTORY CONSENT FORM

I hereby authorize the City of Conyers Police Department to receive any criminal history / driver history record information pertaining to me that may be in the criminal justice files of the State of Georgia, or any other local, state, or federal criminal justice agency.



CRIMINAL AND DRIVER HISTORY INFORMATION	THIS INFORMATION MUST APPEAR ON THE CONSENT FORM AND MUST BE COMPLETED.
LAST NAME	SUFFIX:
FIRST NAME	
MIDDLE NAME	
OTHER LEGAL NAMES (4 TH NAME)	
OTHER NAMES USED (Marriage names, Maiden names, aliases, nicknames)	
DATE OF BIRTH	
DRIVER LICENSE NUMBER	STATE(S) OF ISSUE:
SOCIAL SECURITY NUMBER	
RACE	
SEX	

(X) _____
 Applicant's Signature DATE

