



# 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 <sup>TH</sup> 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

