



Better understanding between citizens and police through education.

ORLANDO POLICE DEPARTMENT CITIZEN POLICE ACADEMY APPLICATION

DATE OF APPLICATION: _____ SPRING ACADEMY FALL ACADEMY

NAME: _____
LAST FIRST MIDDLE

HAVE YOU EVERY BEEN KNOWN BY ANY OTHER NAME/LAST NAME ___Y ___N IF YES, PLEASE LIST ALL NAMES USED IN THE PAST, LOCATIONS AND CIRCUMSTANCES (i.e., divorce, adoption, legal name changes, etc.)

NAME DATES: FROM-TO CITY/STATE CIRCUMSTANCES

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RESIDENTIAL ADDRESS: _____
NUMBER STREET

CITY STATE ZIP COUNTY HOW LONG AT THIS ADDRESS

TELEPHONE: (Residential) _____ (Cell): _____

EMAIL ADDRESS: _____

RACE: _____ SEX: _____ SOCIAL SECURITY #: _____

DATE OF BIRTH: _____ PLACE OF BIRTH: _____

UNITED STATES CITIZEN: ___Y ___N DATE OF CITIZENSHIP: _____

PERMANENT RESIDENT CARD (I-551)#: _____ EXPIRATION DATE: _____

SPEAK ANY LANGUAGE OTHER THAN ENGLISH? _____

DO YOU HOLD A CURRENT, VALID DRIVER LICENSE? ___Y ___N STATE: _____

DRIVER'S LICENSE #: _____ EXPIRATION: _____

CHAUFFEUR LICENSE# (If Applicable) _____

HAVE YOU EVER HAD A DRIVER LICENSE AND/OR COMMERCIAL LICENSE OR CERTIFICATE, PRIVILEGE REVOKED OR SUSPENDED BY THE ISSUING AUTHORITY? ___Y ___N

IF YES, DATE(S) OF SUSPENSION: _____

PLEASE EXPLAIN IN DETAIL: _____

WORK: Employed: Full-Time Part-Time Retired Student

IF STUDENT, NAME OF SCHOOL: _____

COURSE OF STUDY: _____ SCHOOL PHONE _____

EMPLOYER: _____

IF CITY EMPLOYEE, WHAT DEPARTMENT: _____

EMPLOYER ADDRESS: _____
NUMBER STREET

CITY COUNTY STATE HOW LONG WITH THIS EMPLOYER

DATES OF EMPLOYMENT: FROM: _____ TO: _____
Month/Year Month/Year

POSITION/TITLE: _____

IMMEDIATE SUPERVISOR: _____ MAY WE CONTACT? ___Y ___N

EMPLOYER PHONE: _____ EMPLOYER EMAIL: _____

HAVE YOU EVER SERVED OR TRAINED IN THE U.S. ARMED FORCES? ___Y ___N

BRANCH OF SERVICE: _____ RANK: _____ PAY GRADE: _____

DATES OF ACTIVE MILITARY SERVICE: FROM: _____ TO: _____

TYPE OF DISCHARGE: ___HONORABLE/GENERAL ___DISHONORABLE ___OTHER

PHYSICAL CONDITION: Excellent Good Fair Poor

WHY DO YOU WISH TO ATTEND THE CITIZEN POLICE ACADEMY?

HOW DID YOU FIRST HEAR ABOUT THE CITIZEN POLICE ACADEMY?

PLEASE FURNISH THREE PERSONAL REFERENCES. **DO NOT LIST RELATIVES OR PREVIOUS EMPLOYERS!** THESE REFERENCES MUST HAVE KNOWN YOU FOR AT LEAST TWO YEARS. PLEASE PROVIDE ALL REQUESTED INFORMATION. DO NOT LEAVE ANY BLANKS.

1. NAME _____

ADDRESS _____
NUMBER STREET

CITY COUNTY STATE HOW LONG ACQUAINTED

PHONE NOS. _____

2. NAME _____

ADDRESS _____
NUMBER STREET

CITY COUNTY STATE HOW LONG ACQUAINTED

PHONE NOS. _____

3. NAME _____

ADDRESS _____
NUMBER STREET

CITY COUNTY STATE HOW LONG ACQUAINTED

PHONE NOS. _____

HAVE YOU EVER BEEN ARRESTED, INCARCERATED, INDICTED, ISSUED A NOTICE TO APPEAR, OR OTHERWISE CHARGED WITH A CRIME? INCLUDE JUVENILE ARRESTS AND SEALED/EXPUNGED ARRESTS: ____Y ____N IF YES, PROVIDE FOLLOWING INFORMATION:

1. _____
DATE CHARGE POLICE AGENCY CITY/COUNTY/COUNTRY

EXPLANATION: _____

2. _____
DATE CHARGE POLICE AGENCY CITY/COUNTY/COUNTRY

EXPLANATION: _____

3. _____
DATE CHARGE POLICE AGENCY CITY/COUNTY/COUNTRY

EXPLANATION: _____

HAVE YOU EVER BEEN FOUND GUILTY OR PLEAD NO CONTEST TO A CRIME, INCLUDING ARRESTABLE TRAFFIC OFFENSES (i.e., DRIVING WHILE INTOXICATED, RECKLESS DRIVING, DRIVING WITH A SUSPENDED DRIVER LICENSE, ETC.). FOR PURPOSES OF THIS QUESTION, A PLEA OF GUILTY OR "NO CONTEST" AFTER JULY 1, 1981, SHALL BE CONSIDERED A CONVICTION IN SPITE OF THE FACT ADJUDICATION WAS WITHHELD OR SENTENCE SUSPENDED. ____Y ____N IF YES, PLEASE EXPLAIN IN DETAIL: _____

CERTIFICATION

I agree to submit to the department's selection process and understand that I must successfully complete this process before given final consideration for acceptance into the Citizen Police Academy.

I hereby authorize my employer, educational institutions, and any other persons or individuals to furnish any information concerning me, whether or not it is on their records, and I release them and their companies from any liability whatsoever. I certify that all statements given in this application are true and correct. I realize that falsification or misrepresentation on this or any other personnel record may result in my not being accepted into the Citizen Police Academy.

Also, in the event of acceptance and in consideration thereof, the department and any person or entity it may authorize, shall be entitled, without further consent, to use, in any manner required, any picture or photograph of me or a recording of my voice.

I have read and understand the above:

DATE

SIGNATURE OF APPLICANT

STATE OF

PRINT NAME OF APPLICANT

Applications may be mailed or delivered to the following address. Also, a photocopy of your Florida State Driver's License or Florida State Identification Card, along with copy of Citizenship, Passport, I-551 (Permanent Resident Card), I-95, Employment Authorization Document must accompany this application. DO NOT SEND ORIGINAL DOCUMENTS AS THEY WILL NOT BE RETURNED. Applications received without supporting photocopies of documentation will be discarded.

Orlando Police Department
100 South Hughey Avenue
Orlando, Florida 32801
Attn: Volunteer Coordinator
Community Involvement Section
(407) 246-2461