ORLANDO POLICE DEPARTMENT

HISPANIC CHAMBER OF COMMERCE
CPA APPLICATION

NAME: _____ DATE: _____

ADDRESS: _____
STREET CITY ZIP CODE

TELEPHONE: (Home) _____ (Work) _____ (Cell)_____

EMAIL ADDRESS: _____

CITY EMPLOYEE? ☐ YES ☐ NO If yes, Dept:_____

WORK: Employed: Full-Time ☐ Part-Time ☐ Occupation: _____
Retired ☐

DATE OF BIRTH: _____ RACE (for class diversity/background check): _____ GENDER _____

SOCIAL SECURITY #: _____ PLACE OF BIRTH:_____

PHYSICAL CONDITION: Excellent ☐ Good ☐ Fair ☐ Poor ☐

WHY DO YOU WISH TO ATTEND THE HISPANIC CHAMBER OF COMMERCE CITIZEN POLICE ACADEMY?

_____

_____

HOW DID YOU FIRST HEAR ABOUT THE HISPANIC CHAMBER OF COMMERCE CITIZEN POLICE ACADEMY?

_____

HAVE YOU EVER BEEN ARRESTED/CONVICTED OF A CRIME?

_____

PLEASE PROVIDE THE NAMES AND ADDRESSES OF TWO CHARACTER REFERENCES:

1. _____

2._____

SPRING ACADEMY ☐ FALL ACADEMY ☐

Applications may be mailed or delivered to: Orlando Police Department

Crime Prevention Division/HCCCPA
100 South Hughey Avenue
P. O. Box 913
Orlando, Florida 32802-0913

(407) 246-2461Fax: (407) 246-4227