



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 COUNTY STATE 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. _____

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