GASTONIA POLICE DEPARTMENT

CITIZENS ACADEMY APPLICATION

Date: / /

Name: _____
First Middle Last

Address: _____
Street City/State Zip Code

Home Phone: ( ) _____ **Work Phone**: ( ) _____

Employer: _____ **Occupation**: _____

Business Address: _____
Street City/State Zip Code

E-mail Address: _____@_____

Mobile Phone: ( ) _____

Drivers License Number: _____

Date of Birth: / /

Have you ever been convicted of a crime? ☐ YES ☐ NO If yes, explain briefly:

_____

_____

List 2 Personal References:

Name: _____ **Phone Number**: ( ) _____

Name: _____ **Phone Number**: ( ) _____

Why do you want to attend the Gastonia Police Citizens Academy?

_____

_____

_____

How did you hear about our Citizen's Academy? _____

*** All applicants are subject to a background check**