Wilson Police Department Citizens Police Academy Application Form

| Name | | | Date | | |
|----------------------------------------------------------------------------------------------------------------------|------------------------|------|----------------------|------------------|-------------------------|
| Address | | City | | | Zip |
| Telephone | Cell Phone | | | Email | |
| Sex | Date of Birth | | | Driver License # | |
| Occupation | Employer | | | Work Phone | |
| Emergency Contact Name | | | Contact Phone Number | | |
| You do not have to include infract Yes Note a. If you answered "yes" to the ab Attach an additional sheet if neces | o ove question, ple | | | ate, agency, ch | arge, and disposition. |
| Date | Agency | | | Charge | |
| Disposition | | | | | |
| I hereby authorize the Wilson P Department for the purpose of e | _ | | ne the r | ecords availal | ble to the Wilson Polic |
| A 1: (2.6) | | | | _ Date: | |
| Applicant's Signature | | | | | |