LONGVIEW POLICE DEPARTMENT Enrollment
CITIZEN POLICE ACADEMY Application

PLEASE PRINT

Minimum age for enrollment is 18 years

NAME:_____
Last First Middle

ADDRESS: _____
Number Street City Zip Code

Date of Birth:	Phone Number:	Email Address:	Driver's License Number:

Are you a resident of the City of Longview?
☐ Yes ☐ No If yes, how long?
_____

Are you employed by the City of Longview?
☐ Yes ☐ No If yes, which Department?
_____

Person to contact in case of emergency:

Name:_____ Relationship: _____

Address: _____ Phone: _____

How did you hear about the Citizen Police Academy?

☐ Newspaper
☐ Radio Announcement
☐ Television Announcement
☐ Former CPA Graduate (Name): _____
☐ Police Officer (Name): _____
☐ Other (Please Describe): _____

Have you ever been arrested? _____ Yes _____ No If you answered yes, please provide details of the arrest including the date, place, of arrest and disposition: _____

I hereby certify that there are no willful misrepresentations, omissions, or falsifications in the foregoing statements and answers to questions. I understand that any omission or false statements on this application shall be sufficient cause for rejection for enrollment or dismissal from the Longview Police Departments Citizens Police Academy.

I further understand that the Longview Police Department Academy will be conducting a thorough background investigation that may include, but is not limited to, a criminal history check. I declare that I have never been convicted of a felony offense in this state, or any other state, or the United States. I also understand that any student may be removed from the Longview Citizens Police Academy if said student is disruptive or otherwise inhibits the concept of this program.

_____ _____
(Applicants Signature) (Date)

Mail Your Completed Application to:

Longview Police Department
Citizen Police Academy
c/o Cathy Veath
PO Box 1952
Longview, TX 75606

For Additional Information:

Call the Longview Police Department Monday through Friday between 8:00 am and 4:00 pm at:

903-237-1111

For Academy Use Only:

Application received:
_____

Reviewed by: _____

Date: _____

☐ Approved ☐ Disapproved