

**THOMASVILLE POLICE DEPT.**  
**CITIZENS ACADEMY APPLICATION**

Date

Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Employer: \_\_\_\_\_ Occupation: \_\_\_\_\_

Business Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_ Zip: \_\_\_\_\_

Email Address: \_\_\_\_\_

Mobile Phone: \_\_\_\_\_ Drivers License Number: \_\_\_\_\_ State: \_\_\_\_

Date of Birth: \_\_\_\_\_

Have you ever been convicted of a crime?  Yes  No If yes, explain briefly:

List two personal references:

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

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

How did you hear about our Citizen's Academy? \_\_\_\_\_

\* All applicants are subject to a background check