



CITY OF  
**TALLAHASSEE**  
**POLICE DEPARTMENT**

## TALLAHASSEE POLICE DEPARTMENT'S CITIZENS' POLICE ACADEMY

### APPLICATION FOR ENROLLMENT

(Please type or print clearly)

NAME (last, first, MI) \_\_\_\_\_

ADDRESS:

\_\_\_\_\_ (STREET) (CITY) (STATE) (ZIP)

PHONE NUMBER:

\_\_\_\_\_ (HOME) (WORK)

DO YOU HAVE ACCESS TO E-MAIL? (circle one) YES NO

E-MAIL ADDRESS (please print clearly): \_\_\_\_\_

PLACE OF EMPLOYMENT: \_\_\_\_\_

FORMAL EDUCATION (# OF YEARS): \_\_\_\_\_

MARITAL STATUS: \_\_\_\_\_

**NOTE: A criminal background record check is required of all those attending the  
Citizens' Police Academy. The following information is required to perform  
this check.**

DATE OF BIRTH:

\_\_\_\_\_

RACE:

\_\_\_\_\_

GENDER:

\_\_\_\_\_

SOCIAL SECURITY NUMBER: \_\_\_\_\_

