



**HURST POLICE DEPARTMENT
CITIZENS POLICE ACADEMY
Application for Enrollment**

APPLICANT MUST BE 21 YEARS OF AGE TO APPLY.

INCOMPLETE AND/OR UNSIGNED APPLICATIONS WILL NOT BE CONSIDERED.

PLEASE TYPE OR PRINT

NAME: _____
Last First Middle Maiden

ADDRESS: _____

HOME PHONE: _____ **BUSINESS PHONE:** _____

SOCIAL SECURITY #: _____ **DATE OF BIRTH:** _____

DRIVERS LICENSE #: _____ **STATE:** _____

EMAIL ADDRESS: _____

Are you a resident of Hurst? _____ **How long?** _____

Previous addresses for last five years: _____

Do you work in Hurst? _____ **How long?** _____

If so, give name, address, phone and type of business:

Business Name Address

Phone Type of Business

Are you presently, or have you ever been a member of the armed forces of the United States? _____ Branch of Service: _____

Date of discharge: _____ Type of discharge: _____

List all fraternal organizations, clubs, etc. of which you are, or ever have been a member:

IF THE ANSWER TO ANY OF THE FOLLOWING QUESTIONS IS YES, PLEASE EXPLAIN THE CIRCUMSTANCE OF EACH INSTANCE, IN DETAIL (DATE, PLACE, CHARGE, ACTION TAKEN, AND FINANCIAL DISPOSITION, AS IT MAY APPLY). USE A SEPARATE SHEET OF PAPER IF NECESSARY.

1. Have you ever been cited, arrested, or convicted of an offense in the past ten years? _____

2. Have you ever been arrested for or convicted of a felony? _____

3. Have you ever been arrested for or convicted of a D.W.I.? _____

4. Have you ever been fired or asked to resign from any job in the past five years? _____

5. Are you now, or have you ever been a member of any group that advocates armed violent resistance or rebellion against the United States government or this State? _____

List information on all employment you have held in the last five years. If retired, homemaker, unemployed, etc., please list your last place of employment.

Present Employer: _____ Date Hired: _____

Address: _____

Phone: _____

Supervisor: _____ Your Position: _____

Present Employer: _____ Date Hired: _____

Address: _____

Phone: _____

Supervisor: _____ Your Position: _____

Present Employer: _____ Date Hired: _____

Address: _____

Phone: _____

Supervisor: _____ Your Position: _____

List two immediate family members or close friends who may be contacted in the event of an emergency.

Name: _____ **Relationship:** _____

Address: _____

Phone: _____

Name: _____ **Relationship:** _____

Address: _____

Phone: _____

The following information is needed in the event of a medical emergency.

List any medications you are currently taking and the conditions for which they are used.

List any medical information that you feel the Hurst Police Department should be aware of.

On this page (and a separate sheet of paper if necessary) state the reason why you would like to attend the Citizen’s Police Academy and attach it, along with any supportive material you consider relevant to you application.

PLEASE REVIEW YOUR ANSWERS CAREFULLY AND READ THE STATEMENT BELOW BEFORE SIGNING THIS APPLICATION.

I certify that all statements made on this application are true and complete and there are no willful misrepresentations, omissions, or falsifications in the foregoing statements or answers to questions. I understand that any omissions, falsifications, or misrepresentations shall be sufficient cause of rejection for enrollment in or dismissal from the Hurst Police Citizens Police Academy. I further understand that the Hurst Police Department will conduct a background investigation that will include, but not limited to, employment history and personal references.

Applicant Signature

Date