

**CITIZEN'S POLICE ACADEMY
APPLICATION**

A JOINT PROJECT
WILL COUNTY SHERIFF'S DEPARTMENT
NEW LENOX POLICE DEPARTMENT
FRANFORT POLICE DEPARTMENT
MOKENA POLICE DEPARTMENT

Date of Application _____

Name _____ Date of Birth _____

last first middle

Address _____

City/State/ZIP _____

Work Phone _____ Home Phone _____

Soc/Sec# _____ Driver's Lic# _____

Employer _____ Occupation _____

Employers address _____

street city state zip

Have you been arrested for any offense other than traffic? _____ yes _____ no

If yes, what for? _____ When? _____ Where _____

Please briefly list or describe any civic activities / organizations you are involved in:

What experience have you had with Law Enforcement? _____ Positive _____ Negative

Briefly explain: _____

Briefly explain your interest in the citizens academy: _____

What do you expect to gain from attending the Citizen's Academy? _____

Person to contact in case of emergency during your attendance at the Academy:

Name _____ Phone _____

WAIVER

I hereby certify that the information contained in this application is true and complete to the best of my knowledge. You are hereby authorized to make any investigation of my personal history deemed necessary for consideration to attend the Citizen Police Academy.

Signature _____ Date _____

You can drop off this application at the Will County Sheriff's Department, or mail it to:

Sgt. Mike Mackay, 2402 E. Laraway Rd., Joliet IL 60433