

ONEONTA POLICE DEPT

CITIZEN'S ACADEMY

APPLICATION FOR ADMISSION



Telephone: 205-625-4351

Fax: 205-625-4392

NAME: _____
Last First Middle

Please List Any Aliases: _____

CURRENT RESIDENCE ADDRESS:

Street City/State/Zip

CURRENT MAILING ADDRESS:

Street City/State/Zip

TELEPHONE NUMBERS (please list all that apply)

Residence _____ Work _____ Cell _____

Email _____

DATE OF BIRTH: _____/_____/_____

DRIVERS LICENSE/ID NUMBER:

_____ STATE _____

You must be able to answer YES to all of the following questions. If you cannot answer YES to all, your application will not be processed. Please circle your response.

A. Would you be willing to commit two hours a week for twelve weeks every Tuesday night 7:00 – 9:00 pm? **YES NO**

B. Are you at least 16 years of age? **YES NO**

C. It is important that Citizens Academy participants have not recently engaged or expect to engage in any activity that is criminal, unethical, improper in nature, or might publicly embarrass and/or cause problems for other Citizens Academy participants and/or the Oneonta Police Department. Do you meet this requirement? **YES NO**

D. As a Citizens Academy participant, you may be observing police officers and other public safety personnel engaged in activities that might involve the use of physical force and the rendering of emergency medical care while working inclement weather conditions, and in situations that demand confidentiality. Would you be able to maintain confidentiality, follow verbal directions, and assist public safety personnel if directed to do so? **YES NO**

CRIMINAL HISTORY: Have you ever been arrested and/or convicted of a crime other than a traffic infraction? **YES NO**

NOTE: A past criminal record alone does not prohibit an individual from participating.

I understand that the Oneonta Police Department Citizens Academy is a twelve-week program with classes meeting as described in this application. Due to the class size being limited, I understand the importance of my commitment to attend all of the classes. Furthermore, I attest that the above information provided by me is true and accurate to the best of my knowledge and authorize the Oneonta Police Department to conduct a criminal history and background check on me. **YES NO**

SIGNATURE OF APPLICANT/ DATE

Please note that incomplete applications and applications received after the deadline will not be processed.

Application forms may be obtained from the Oneonta Police Department website (www.oneontalpd.gov) or at the Oneonta Police Department.

Applications may be returned by mail or to the Oneonta Police Department.

Class size is limited so get your application in as soon as possible.

Age limit is 16 years old and up.

Class will be held every Tuesday night for 12 weeks to begin an date to be announced. Graduation criteria and date will be discussed in class.

RETURN COMPLETED APPLICATION BY MAIL TO:

Citizens Academy

Oneonta Police Department

302 2nd Street North, Oneonta AL 35121

You will be notified by phone if you are accepted and given the dates of the class.

FOR OFFICE USE ONLY

DATE RECEIVED: _____

DATE BACKGROUND COMPLETED: _____

BACKGROUND COMPLETED BY: _____

ACCEPTED: YES _____ NO _____

REASON FOR DENIAL: _____

DATE NOTIFIED: _____

VIA: LETTER _____ PHONE _____

NOTIFIED BY: _____