



**Sherwood Police Department
Citizens' Police Academy
Application**

Date of Application: _____

Name: _____ Alias/Maiden: _____
(Last, First, Middle)

Address: _____
(Street) (City) (State) (Zip Code)

Date of Birth: _____ AR DL #: _____
(Month/Day/Year)

Home Phone: _____ Work Phone: _____

Cell Phone: _____ Other: _____

E-Mail Address: _____

Employer: _____

Address: _____
(Street) (City) (State) (Zip Code)

Occupation: _____



Have you ever been arrested? YES _____ NO _____

If you answered yes, please provide details of the arrest, including the date, place of arrest, offense, and disposition:

T-Shirt Size S M L XL XXL XXXL

EDUCATION

High School Graduate: YES _____ NO _____ GED _____

Highest Level of Education: _____

If College, Degree(s), Major, or Intentions: _____

EMERGENCY CONTACT

Name: _____ Relationship: _____

Address: _____
(Street) (City) (State) (Zip Code)

Home Phone: _____ Work Phone: _____

Cell Phone: _____ Other: _____



Please review your answers carefully and read the following statement before signing this application!

I hereby certify that there are no willful misrepresentations, omissions, or falsifications in the foregoing statements and answers to questions. I understand that any omission or false statements on this application shall be sufficient cause for rejection for enrollment or dismissal from the Sherwood Citizens' Police Academy.

I further understand that the Sherwood Police Department will be conducting a thorough background investigation that may include, but not limited to, criminal history and employment history. I declare I have never been convicted of a felony offense in this state, any other state, or the United States of America. I also understand that any student may be removed from the Sherwood Citizens' Police Academy if said student is disruptive or otherwise inhibits the concept of this program.

(Applicant's Signature)

(Date)

Please return completed application and waiver of liability to:

**Sherwood Police Department
Attn: Training Department
2201 E. Kiehl Ave.
Sherwood, AR 72120
(501) 835-1425 ext. 354
Fax (501) 834-5583**