



MISSION POLICE DEPARTMENT



CITIZENS' POLICE ACADEMY APPLICATION

DATE OF APPLICATION: ____ / ____ / ____

NAME: _____ SEX: _____
LAST FIRST MI.

ALIAS (MAIDEN) _____ SSN: _____ DOB: _____

ADDRESS: _____ CITY: _____ ST: _____

PREVIOUS ADDRESS: _____ CITY: _____ ST: _____

HOME PHONE: _____ WORK PHONE: _____ CELL PHONE: _____

E-MAIL: _____

Drivers License No: _____ State: _____ Expires: _____

Has your Drivers License been suspended or revoked: Yes No If Yes Explain:

Have You Ever Been Arrested for a Crime?: Yes No If Yes Explain:

Present Employer: _____ Phone: _____

Address: _____ Supervisor: _____

How Did You Hear About the Citizens' Police Academy?

Return Completed Application to:
Sgt. Rob Meyers
 913-676-8333 Office
 913-722-3011 Fax
 rmeyers@missionks.org

Signature: _____