CITY OF MONTEREY PARK

POLICE DEPARTMENT

320 West Newmark Avenue • Monterey Park • California 91754-2896
(626) 307-1221 www.montereypark.ca.gov

Jim Smith
_____
Chief of Police

Citizens Academy Application
Please submit this Application Along with a Copy of Your I.D./Driver's License

Full Legal Name: Mr. / Ms. _____
(Please circle one)   First   Middle   Last

Address: _____
No. and Street   City   Zip Code

Home Phone :(____) _____   Bus. Phone: (____) _____Cell: (____) _____

California Driver's License Number or Other Identification:

_____/_____/_____/_____
(Type of ID.)   (Number)   (Exp. Date)   Date of Birth (Mo/Day/Yr)

Nickname for name tag purposes: _____ _____Spouse's Name: _____

Present Occupation: _____

Has there been anything in your part that you believe might disqualify you from participating in the Citizens Academy? If yes, explain (Please Print).

_____

List Community interests, clubs, or professional memberships etc.

_____

In the space provided below, explain why you want to attend the Citizens Academy.

_____

How did you hear about the Citizens Academy? _____

I certify that all statements on this form and any attachments are true and complete to the best of my knowledge and belief. I understand that any falsification of the information in this form and attachments may, if I am accepted, be considered grounds for immediate dismissal. I understand all statements are subject to verification.

I am aware of the expectations of the Citizens Academy and agree to abide by them.

Applicant's Signature:_____ Date:_____
Received by: _____Date:_____
Background completed by: _____Date:_____

Call made to Citizens Academy applicant: By:_____ Date:_____

Accepted / Denied (If so, please give them explanation)

Revised 05/2017