



PETERSBURG POLICE
CITIZENS POLICE ACADEMY
APPLICATION



NAME: _____

HOME ADDRESS: _____

CITY, STATE, ZIP: _____

DATE OF BIRTH: _____

SOCIAL SECURITY NUMBER: _____

DRIVER LICENSE NUMBER: _____ **STATE:** _____

PHONE NUMBER: WORK: _____ **CELL:** _____

EMAIL: _____

WORK ADDRESS: _____

HAVE YOU EVER BEEN ARRESTED, IF SO GIVE DATES, LOCATION AND OFFENSES BELOW: _____

HAS YOUR DRIVERS LICENSE EVER BEEN SUSPENDED OR REVOKED, IF SO. WHAT STATE AND DATES: _____