

OSHKOSH POLICE DEPARTMENT

Citizen's Police Academy (Application)

1. Name:						
	Last		First		Middle	
2. Date of Birth	ı:					
3. Address:						
	Street	Apt #	City	State	Zip Code	
4. Email Addre	SS:					
5. Phone Number: Home:			W	ork:		
Emerg	ency Contact:					
		Name/Relat	ionship/Phone	Number		
6. Have you ev	er been arres	ted for anything oth	ner than a traffic	offense? Yes	S No	
If you answered	d yes, please e	explain:				
						
7. Place of employment:		Pucinose Me	Business Name		Address City, State, Zip	
					ess City, State, Zip	
Occupation:						
8. Polo Shirt Si	ze: Small	Med	Lg	_ XL	_XXL	
company, organ on this applicati damages whats deliberate false attending the O	nization or inst ion; and do he soever incurred statement or shkosh Police	itution to release a reby release all pa d in providing such omission of facts to	ny and all informaties and individual information. If the completed in Academy. M	mation concerr duals contacted also agree and on this applica	e any and all individuals, ning statements made by me d from all liabilities for any understand that any tion may disqualify me from low acknowledges my	
Signature					Date	
Approved:		_ Disapproved:		_ Date/Time:		