

Name: \_\_\_\_\_

# Application for the Lake City Police Department Citizens Police Academy



225 NW Main Blvd., Suite 102  
Lake City, Florida 32055  
(386) 752-4343

**AN EQUAL OPPORTUNITY EMPLOYER**

In compliance with the ADA, qualified individuals with disabilities who will need reasonable accommodations in order to apply or complete any required test should inform the Human Resources Director at least **48 hours before** said accommodations are needed.

**For Internal Use Only:**

CPA Session \_\_\_\_\_

Background completed on \_\_\_\_\_



# LAKE CITY POLICE DEPARTMENT

## Citizens Police Academy Application



**\*\* APPLICATION MUST BE COMPLETED IN FULL AND SIGNED IN ORDER TO BE PROCESSED \*\***

### Personal Contact Info

Full Name \_\_\_\_\_ Nickname \_\_\_\_\_

Address \_\_\_\_\_ Apt \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

E-mail address \_\_\_\_\_

Date of Birth \_\_\_\_\_ Place of Birth \_\_\_\_\_

Race \_\_\_\_\_ Sex \_\_\_\_\_ Height \_\_\_\_\_ Weight \_\_\_\_\_ Hair \_\_\_\_\_ Eyes \_\_\_\_\_

Driver's License \_\_\_\_\_ Expiration \_\_\_\_\_

DL Type \_\_\_\_\_ Valid?  Yes  No SSN \_\_\_\_\_

### Emergency Contact Info

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_ Apt \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Employed at \_\_\_\_\_ Work Phone \_\_\_\_\_

### Education

Please circle the highest documented school grade completed:

6 7 8 9 10 11 12 GED AA/AS BA/BS Masters PhD Tech/Other

Name of School/College	Years Attended	Major	Degree

Technical skills or other training you have acquired \_\_\_\_\_

\_\_\_\_\_

### **Additional Schools, Certifications or Comments**

Please list any additional technical or law enforcement related schools or training completed. Include specialty certifications, training and experience.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Have you ever served in the Military?  YES  NO

Was any formal discipline taken against you during your enlistment?  YES  NO

If YES, explain: \_\_\_\_\_

\_\_\_\_\_

### **Current or Previous Employment**

Please provide complete names and addresses. Describe major duties performed. A resume may be submitted as a supplement if desired. *Only your current or last employer information is needed.*

Employer \_\_\_\_\_ Supervisor \_\_\_\_\_

Address \_\_\_\_\_ Suite \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Work Phone \_\_\_\_\_ Bus. Hours \_\_\_\_\_

Position Held \_\_\_\_\_ Dates employed \_\_\_\_\_

### **Driving History**

1. Can you operate a motor vehicle?  YES  NO

2. Do you possess a valid Operators or CDL License of any kind issued from the state of Florida?  YES  NO

3. Have you ever possessed a driver's license of any kind from any other state?  YES  NO  
If YES, give state(s): \_\_\_\_\_

4. Have you ever had your driver's license SUSPENDED or REVOKED for any reason?  YES  NO  
If YES, explain: \_\_\_\_\_  
\_\_\_\_\_

5. Do you have personal vehicle liability insurance?  YES  NO

6. List all traffic citations and crashes in the last two (2) years from any state:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### **Criminal History**

Have you ever been arrested or charged with a crime, whether as an adult or juvenile, even if the record was expunged or sealed?  YES  NO

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Have you ever been a defendant in a civil action for intentional tort(s) (e.g., assault, battery, intentional infliction of emotional distress), or an unlawful employment practice (e.g., sexual or racial harassment)?  YES  NO

### **Illegal Narcotics**

1. Have you ever USED or EXPERIMENTED with any illegal narcotic, including but not limited to: marijuana, cocaine, crack, meth, heroine, speed?  YES  NO

2. Have you ever PURCHASED any illegal narcotic or drug (without a prescription)?  YES  NO

3. Have you ever ENGAGED in the SALE of any illegal narcotic or drug (without a prescription)?  YES  NO

If **YES** to any of the above questions, please use the above section or the comments section below to explain, to include type and date(s) of use, purchase or sale.

**Additional Comments**

Use this section for additional comments, explanations, additional educational history, etc., wherever such space does not already exist. Please indicate the application section along with each comment below.

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# LAKE CITY POLICE DEPARTMENT



## Citizens Police Academy Application Record Check Authorization

Name: \_\_\_\_\_  
*Print Full Legal Name*

**Please Read Carefully Before Signing**

**I HEREBY AUTHORIZE** that all the facts and information listed on this application are true and complete. I understand that any false, incomplete or misleading information given by me on this application is sufficient cause for rejection of this application. I also understand and agree that any such false, incomplete, or misleading information discovered on this application at any time after I am accepted may result in my dismissal.

**I HEREBY AUTHORIZE** the City to investigate all statements contained in this application, to interview the previous employers listed in this application, and to conduct a record check on my background to include, but not be limited to the following: criminal and driving check, employment and performance record and education records. I authorize the references, previous employers, and school or other education institution, or public agency listed to give the City all the facts, opinions and evaluations concerning my previous employment and any other information they may have, personal or otherwise.

**I HEREBY RELEASE** and save harmless the addressee, its officers, agents, servants or employees from and against any and all liability, claims, demands, damages, expenses, fees, fines, penalties, suits, proceedings, actions and costs of actions, including attorney's fees of any kind and nature arising or growing out of or in any way connected with the disclosure of requested information.

**I understand this is NOT an application for employment with the City or the Lake City Police Department.** If I am accepted into the Citizens Police Academy program, I understand such an offer will be conditioned upon satisfactory results of a background investigation. If then accepted, I understand my participation can be terminated, with or without cause or notice, at any time, at the option of either the City or myself. I further authorize on-going procurement of the above mentioned reports at any time during my participation in the program.

**I FULLY UNDERSTAND AND VOLUNTARILY AGREE WITH THE ABOVE**

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness Signature

\_\_\_\_\_  
Date