



APPLICATION FOR ENROLLMENT

NOBLESVILLE POLICE DEPARTMENT – CITIZEN POLICE ACADEMY



PLEASE PRINT OR TYPE

Applicants must be 18 years of age. Incomplete and/or unsigned applications will not be considered.

PERSONAL

Name (Last / First / Middle)		Date of Birth
Street Address		
City / State / Zip Code		Phone
Emergency Contact: (Name & Relationship)	Phone (Provide at least two contact numbers)	
Driver's License (Number & State)	Email Address	
Are you a Noblesville resident? How long?	Do you own a business in Noblesville? How long?	

BACKGROUND

Please explain briefly why you wish to enroll in the Noblesville Police Department Citizen Police Academy?

Do you have any relatives in law enforcement?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If YES, what is the relationship?
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Please list any associations, clubs, or organizations you may belong to or be affiliated with.

Have you ever been arrested, convicted, or have you ever been cited for any offense of \$300.00 or more? If YES, explain in detail in the **ADDITIONAL INFORMATION** section on page 2. List the appropriate dates, charges, places, and disposition of each. Yes No

EMPLOYMENT

Present Employer	Occupation
Street Address	Business Phone
City / State / Zip Code	Date Hired

Have you ever worked or applied for employment with the City of Noblesville? If YES, when, what department, and dates of employment. Yes No

ADDITIONAL INFORMATION

Polo Shirt Size Small Medium Large X-Large XX-Large

Will you require any special accommodations to participate in this class? If YES, explain.

Yes No

Use this section to include any **additional information** or explanation(s).

SIGNATURE

I certify that all statements made on this application are true and complete. I authorize any individual, company, organization or institution to release any and all information concerning statements made by me on this application, and do hereby release all parties and individuals connected herewith from all liabilities for any damages whatsoever incurred in furnishing such information. I agree and understand that any deliberate misstatement or omission of material facts may disqualify me to attend the Citizen Police Academy. My signature below acknowledges my understanding and agreement with the material provided.

Applicant Signature

Date

Privacy Act Notice: The Noblesville Police Department's application form for the Citizen Police Academy requests your date of birth and license number. The request is made pursuant to the Police Department's practice of requiring program participants to undergo a criminal history record check. This information is necessary for the Police Department to obtain accurate criminal history record information and will be used only for that purpose. Signing above indicates that you have read and understand this information will be used by the Police Department to obtain access to your criminal history record information.



Please complete this form and return it to:

Noblesville Police Department
 135 South 9th Street
 Noblesville, Indiana 46060
 ATTN: Citizen Police Academy Coordinator Lt. Bruce Barnes
 or
 Fax: (317) 776-6388
 or
 bbarnes@noblesville.in.us

For more information please call the Citizen Police Academy Coordinator Lt. Bruce Barnes at (317) 776 – 6340 ext. 1261

CITIZEN POLICE ACADEMY STAFF ONLY

Received By	<input type="checkbox"/> Mail <input type="checkbox"/> Drop-Off <input type="checkbox"/> Fax <input type="checkbox"/> Email <input type="checkbox"/> Other	Date Received	
Background Check By	Background Date	Recommend Approval	Recommend Disapproval
Notification Sent	Class Number Assigned		