



FULLERTON POLICE DEPARTMENT
CITIZEN POLICE ACADEMY APPLICATION
(PLEASE PRINT)

- Eligibility: Must live, work, or go to school in the City of Fullerton.
- Please answer the following questions completely and honestly. Failure to do so may be cause for disqualification from the program.
- The selection process includes an application and background check.

Name: _____ Date of Birth: _____
Last First Middle

Address: _____
Street City Zip Code

Home Phone: _____ Cell Phone: _____

Email: _____

Employer or Former Employer: _____
(Name) (Department) (Supervisor)

Employer's Address: _____
(Street) (City) (State) (Zip)

Employer's Phone No: _____ Occupation: _____

California Driver's License Number: _____ Expiration: _____

How did you hear about the Academy? _____

Do you have any relatives in law enforcement? _____ Agency: _____

Have you ever worked or applied for employment with the City of Fullerton? (YES) _____ (NO) _____
Where: _____

Have you ever been convicted of a felony? (YES) _____ (NO) _____

If YES, please explain (Include dates): _____

Have you ever been arrested? (YES) _____ (NO) _____

If YES, please explain (Include ALL dates): _____

Are you a veteran of U.S. Military Service? (YES) _____ (NO) _____ Branch: _____

Are you currently on Active Reserve Military Status? (YES) _____ (NO) _____ Branch: _____

Do you require any special accommodations to participate in this program? Explain:

I hereby certify that all statements made in this application are true and complete to the best of my knowledge and belief. I understand that false or misleading statements or missing information is cause for rejection of application, removal, or dismissal from program.

Signature: _____ Date: _____

FULLERTON POLICE DEPARTMENT
Citizen's Police Academy Coordinator
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For Office Use Only

<i>Date Received</i>	<i>Date Reviewed</i>	<i>Status</i>	<i>Letter Sent</i>	<i>Class#</i>
