

Clarksville Police Department

Confidential Application

Citizen Police Academy Community Involvement

Better understanding between citizens and police through education

PLEASE PRINT

Date Completed and mailed _____

Name _____
Last First Middle Previous Name(s) / Maiden

Social Security #: _____ - _____ - _____ Do you currently possess a valid driver's license? (Circle one) Yes / No

State: _____ DL #: _____

Age _____ Male Female Your Birthday _____ Years in Clarksville _____

Home Address _____ Phone _____
Street City Zip

Business _____

Address _____ Phone _____
Street City Zip

Spouse's Name _____ Age of Children _____

Spouse's Employer _____

EDUCATION

Begin with high school, then college(s), business or trade schools and / or other specialized training:

Name and City School	Dates from – to	Degree	Major
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

EMPLOYMENT

Account for all periods including military active duty.

Present Employer _____ Date began _____

Present Title or Responsibility _____

Since (Date) _____ How many days per month does your work require you to be out of the city? _____

Previous employment (in reverse chronological order):

Employer	Title or Responsibility	From	To	Reason for leaving
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

1. Have you been convicted of any alcohol related offenses since your 18th birthday?
 YES NO HOW MANY? _____
2. Have you been convicted of any traffic (moving) violations since your 18th birthday?
 YES NO HOW MANY? _____
3. Have you been convicted of reckless driving since your 18th birthday?
 YES NO HOW MANY? _____
4. Have you been convicted of any felony crimes?
 YES NO
5. Have you ever used marijuana or any non-prescribed drugs since your 18th birthday?
 YES NO
6. Have you been convicted of any offense involving assault, fighting, or use of violence?
 YES NO

We must ask that participants commit to Citizen Police Academy's entire course.
By signing below I consent to a criminal background check.

I understand the purpose of the Citizen Police Academy's program and, if selected, will devote the time required.

Applicant's Signature

IMPORTANT

PLEASE RETURN APPLICATION TO:
Clarksville Police Department
D.A.R.E. /G.R.E.A.T.
135 Commerce St.
Clarksville, TN 37040
(931)648-0656 ext. 5339