

**Baytown Police Department, Community Services Bureau**  
**Citizen Police Academy Application**

(Please Print Clearly)

NAME: \_\_\_\_\_ DATE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_

HOME PHONE: (    ) \_\_\_\_\_ WORK PHONE: (    ) \_\_\_\_\_

EMPLOYER: \_\_\_\_\_ OCCUPATION: \_\_\_\_\_

BUSINESS ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_

DRIVER LICENSE NUMBER: \_\_\_\_\_ STATE: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_ SOCIAL SECURITY NUMBER: \_\_\_\_\_

List organization(s) you are involved with or a member of: (ex: Boy Scouts, Neighborhood Watch Groups, Civic Clubs, Fraternal Organizations, etc.)

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Why do you wish to attend the Citizen Police Academy?

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Have you ever been arrested and convicted of a felony crime, or under an indictment at this time? If so, explain:

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Have you ever been arrested and convicted of, or cited for a misdemeanor offense other than traffic fines of \$500 or less? If yes, explain in detail indicating the date, charge, place and action taken.

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*Please complete back of application*

References: List name and daytime phone number of two references other than family members.

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List two immediate family members or close friends that we can contact in case of an emergency:

NAME: \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ PHONE: \_\_\_\_\_

NAME: \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ PHONE: \_\_\_\_\_

**MEDICAL HISTORY:** The following medical information is needed in case of an emergency. List any medications you are currently taking and the condition for which they are used.

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How did you hear about the Citizen Police Academy? \_\_\_\_\_

Please review your answers carefully and read the statement below before signing this application.

*I hereby certify that there are no willful misrepresentations, omissions, or falsifications in the foregoing statements and answers to questions. I understand that any omissions or false statements on this application shall be sufficient cause for rejection from the Baytown Police Department Citizen Police Academy.*

*In consideration of my application to attend the Citizen Police Academy, I give the Baytown Police Department permission to check my personal background and to conduct other background checks as necessary to insure the integrity of the class.*

\_\_\_\_\_  
Applicants Signature

\_\_\_\_\_  
Date

**Do Not Write Below**

Date Received: \_\_\_\_\_ By: \_\_\_\_\_

D.L.: \_\_\_\_\_ B.P.D.: \_\_\_\_\_ C.C.: \_\_\_\_\_

D.P.S.: \_\_\_\_\_ FEE PAID: \_\_\_\_\_ CK #: \_\_\_\_\_

APPROVED/DISAPPROVED    ACADEMY CLASS NUMBER: \_\_\_\_\_