

Bolingbrook Police Department



Citizen Police Academy

Application Form

Last Name: _____ First: _____ M.I. _____

Address:
Street: _____ City: _____ State: _____ Zip: _____

Date of Birth: _____ Telephone#: _____

Drivers License#: _____ Social Security #: _____

How long have you lived at your present address? Yrs. ___ Mos: ___

Previous address if less than five years at present address: _____

Occupation: _____ Employer: _____

Employers Address: _____ Telephone#: _____

Length of Employment: Yrs. _____ Mos. _____

All applicants must live in the Village of Bolingbrook, and be at least 21 years of age. A background check will also be conducted on each applicant. The Bolingbrook Police Department reserves the right to deny entry to the Academy based on the findings of that background check.

I verify that all the information on the above application is true. I authorize the Bolingbrook Police Department to conduct a background check based on this application.

Signature: _____ Date: _____

Please return completed application to the Bolingbrook Police Department.