

**APPLICATION
CITIZEN POLICE ACADEMY**

Mason City / Cerro Gordo County
220 N. Washington
Mason City, Iowa 50401 - (641-421-3000 or 1-877-671-0052)

NAME _____ **D.O.B.** _____
Last First Middle Mo/Day/Year

ADDRESS _____ **SEX** _____
Street Apt City Zip M/F

DRIVER'S LIC. #/ STATE _____ **STATE** _____

SOCIAL SECURITY NUMBER _____

HOME PHONE _____ **WORK PHONE** _____

EMPLOYER _____ **OCCUPATION** _____

EMPLOYER'S ADDRESS _____
Street City IA

HOW LONG HAVE YOU LIVED IN CERRO GORDO COUNTY? _____

PREVIOUS ADDRESS _____
Street City IA

HAVE YOU EVER BEEN ARRESTED FOR ANY OFFENSE OTHER THAN TRAFFIC?
____ NO ____ YES **IF YES, WHAT FOR?** _____

WHEN? _____ **WHERE?** _____

WHAT DO YOU EXPECT TO GAIN FROM ATTENDING THIS ACADEMY? _____

(May use the back of this form)

WILL YOU BE ABLE TO ATTEND 9 OUT 12 CLASSES? _____ YES _____ NO

IN CASE OF EMERGENCY, CONTACT _____

I hereby certify that the information contained in this application is true and complete to the best of my knowledge. You are hereby authorized to make any investigation of my personal history deemed necessary for consideration to attend the Mason City/ Cerro Gordo County Citizen Police Academy.

Signature of Applicant

Date

For Law Enforcement Use Only

Criminal History check by: _____

Applicant approved by: _____

Applicant notified: _____