



ROCKFORD POLICE DEPARTMENT CITIZEN POLICE ACADEMY APPLICATION

www.rockfordil.gov/police

Applicant must be 18 years of age or older to attend the Academy and must live or work in the City of Rockford.

Print in ink or type all answers. If more space is needed, use an additional sheet of paper.

Date: _____

Last Name _____ First _____

Full Middle Name _____ Maiden _____

Date of Birth _____ Age _____

Home Address _____

City _____ State _____ Zip Code _____

Email Home _____ Email Work _____

Home Phone _____ Cell _____ Work _____

Occupation _____ Position/Duties _____

Company Name _____

Address _____ City _____

State/Zip _____ Business Phone _____

Fax _____ E-Mail _____

In case of emergency notify:

Name _____

Home Phone _____ Cell Phone _____

Address _____

Relationship _____

Answer Yes or No to the following question and provide explanations where needed:

1. Do you have a valid driver's license? Circle: **Yes No**

Driver's License number _____

2. Are you 18 years of age or older? Circle: **Yes No**

3. Do you have any special needs that require accommodation in order for you to participate in this program? Circle: **Yes No**

Explain if you circled **Yes**:

Are you allergic to anything?

Explain:

4. How did you hear about the Academy?

5. Do you know any police officers?

6. Have you ever applied for the Academy before? Circle: **Yes No** If Yes, explain.

7. Are you interested in law enforcement as a career? Circle: **Yes No** If Yes, explain.

8. State below why you are interested in attending the Citizen Police Academy

NOTE: THIS IS A VERY IMPORTANT QUESTION TO ANSWER THOROUGHLY

9. List community-involved activities, associations, or organizations in which you participate:

10. Have you ever been arrested for a crime other than traffic offenses? **Yes No**
If Yes, explain with disposition and dates.

11. List three character references that are *not* family members or employers:

Name _____ Home Number () _____

Name _____ Home Number () _____

Name _____ Home Number () _____

I hereby certify that there are no willful falsifications, omissions, or misrepresentations in the foregoing statements and answers to questions. I understand that any omission or false statement on this application shall be sufficient cause for rejection for enrollment or dismissal from the Rockford Police Department Citizen Police Academy. I also grant permission for the Rockford Police Department to verify the above information contained on this application and check for prior criminal history.

OFFICE USE ONLY	
CQH _____	APPROVED _____
NETRMS _____	DENIED _____
WAIVER SIGNED _____	DATE PROCESSED ___/___/___

Signature of Applicant

Date

Rockford Police Department
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Phone: 779-500-6735
Kareem.Mankarious@rockfordil.gov