



## LAGRANGE POLICE DEPARTMENT Citizen's Police Academy Application

Name: \_\_\_\_\_  
Last First Middle

Address: \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_ (\_\_\_\_) \_\_\_\_\_ (\_\_\_\_) \_\_\_\_\_  
Home Work Cell / other

Date of birth \_\_\_\_\_ Drivers License # \_\_\_\_\_ State \_\_\_\_\_

Emergency contact \_\_\_\_\_  
Name Relationship Phone

Have you ever been arrested and convicted of an offense other than a minor traffic violation? \_\_\_\_\_  
Y/N

If yes, please explain where, when and the final disposition \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Place of employment: \_\_\_\_\_ Occupation: \_\_\_\_\_

Address: \_\_\_\_\_

Why are you interested in attending the LaGrange Police academy? Attach separate sheet if needed.  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I certify that all statements made on this application are true and complete. I agree and understand that any deliberate misstatements or omissions of material facts may disqualify me from attending the Citizen's Police Academy. I have read the program description and understand that if I am allowed to participate in this training, **I will not be authorized to carry a firearm or exercise the powers of a peace officer.** I authorize the LaGrange PD to conduct a criminal background check in conjunction with my application to participate in the Citizen's Police Academy. My signature below acknowledges my understanding and agreement with the material provided. Applicant must be at least 18 years of age and live or work in LaGrange.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date