

HOFFMAN ESTATES POLICE DEPARTMENT
Citizen Police Academy Application

1. Name: _____
LAST FIRST MIDDLE

2. Date of Birth: _____

3. Address: _____
STREET ADDRESS, APT #, CITY STATE ZIP

4. Phone Numbers- Home: _____ Work: _____

Emergency Contact: _____
NAME RELATIONSHIP PHONE#

5. Driver License Number: _____ State: _____

Class: _____ Expiration Date: _____ Is License Valid? **Yes** _____ **No** _____

6. Have you ever been arrested? **Yes** _____ **No** _____

If yes, Please explain where, when, and the disposition: _____

7. Place of Employment: _____ Occupation: _____

Address: _____
STREET ADDRESS CITY STATE ZIP

E-mail Address _____

8. Why are you interested in attending the Hoffman Estates Citizen Police Academy?

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 Police Academy. My signature below acknowledges my understanding and agreement with the material provided.

Applicant must be at least 18 years old, and reside or work in Hoffman Estates.

SIGNATURE

DATE

HOFFMAN ESTATES POLICE – CITIZEN POLICE ACADEMY

**AUTHORIZATION TO RELEASE INFORMATION TO THE HOFFMAN ESTATES
POLICE DEPARTMENT**

To Whom It May Concern:

I, _____, the undersigned, hereby authorize the Hoffman Estates Police Department, Hoffman Estates, Cook County, Illinois, or its authorized representative(s) or employee(s), bearing this release or copy thereof, to obtain my criminal history records. I hereby release such information upon request of the bearer. This release is executed with full knowledge and understanding that the information is for the official use of the aforementioned Hoffman Estates Police Department.

I hereby release the Village of Hoffman Estates and any other agency or entity that is custodian of such records, both individually and collectively, from any and all liability for damages of whatever kind which may at any time result to me, my heirs, family or associates because of compliance with this authorization or any other attempted to comply with it.

AUTHORIZING SIGNATURE

FULL NAME – PRINTED

DATE

WITNESS: _____
NAME

DATE

