



Coral Springs Police Department Citizens Police Academy Application

Name _____
(Last) (First) (Middle Initial)

Address _____
(Street) (City) (Zip)

Home Phone _____ Date of Birth _____ Place _____

Social Security # _____ - _____ - _____ Driver's License# _____

Place of Employment: _____ Phone _____

Gender: ___M___F Race: _____ Physical Condition: Excellent ___ Good ___ Fair ___ Poor ___

Is there any medical condition that would prohibit you from performing any physical activity?

Please explain briefly why you want to be enrolled in the Coral Springs CPA.

How did you hear about the program? _____

Have you ever been arrested for any offense? Yes ___ No ___

If yes, please explain: _____

Please list two character references:

Name: _____ Phone _____

Address: _____

Name: _____ Phone _____

Address: _____

Please review your answers carefully and read the statement below before signing this application.

"I certify that there are no willful misrepresentations, omissions or falsifications in the above statements and answers to questions. I understand that any omission or false statements on this application shall be sufficient cause for rejection for enrollment or dismissal from the Coral Springs Police Department's Citizens' Police Academy. I further give my consent to the Coral Springs Police Department to conduct a thorough background investigation that may include any criminal history, employment history and personal references."

(Applicant's Signature)

(Date)