



Swansea Police Department
Citizens' Academy Application

Date

Last: _____ First: _____

Middle: _____ Maiden: _____

Address: _____ Apt: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

Email: _____

Date of Birth: _____ Gender: _____

Driver's License #: _____ DL State: _____

Shirt Size: _____

EMPLOYMENT

Current Employer: _____

Position Held: _____

Address: _____

City: _____ State: _____ Zip: _____

EDUCATION

High School: _____



Swansea Police Department

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Post-Secondary College/University: _____

of Credit Hours Completed: _____ Major/Minor: _____

Have you ever been arrested? Yes No

Have you been convicted of a felony or misdemeanor charge? Yes No

Why do you want to participate in the Citizen's Academy?

How did you hear about the Swansea Police Citizen's Academy?

Village of Swansea

Facebook

Twitter

From a Swansea Police Officer

Name of Officer: _____

Other

Please Explain: _____

I have answered all questions fully and truthfully. I understand that any misrepresentation or omission of requested information will eliminate me from consideration as a candidate to participate in the Swansea Police Department's Citizen's Academy.

I authorize the Swansea Police Department to conduct a background investigation.

*Your electronic signature below indicates your agreement with the following statements:
By typing my name in the following box I certify the above statements to be true and correct, to the best of my knowledge, and that this information can be used solely for the purpose of processing my Citizen's Academy application.*

Signed: _____ Date: _____



Swansea Police Department

Citizens' Academy Application

PLEASE SAVE AND SUBMIT THIS APPLICATION ELECTRONICALLY TO SwanseaP@Swanseal.org

Although not preferred applications may be mailed to:

Swansea Police Department
Attn: Citizen's Academy
1400 North Illinois Street
Swansea, IL 62269