ROGERS POLICE DEPARTMENT
CITIZEN'S POLICE ACADEMY
APPLICATION FORM

NAME: _____ _____ _____
Last First Middle

ADDRESS: _____
_____

TELEPHONE: Home_____ Cell/Other_____

DATE OF BIRTH: _____ PLACE OF BIRTH: _____

SOCIAL SECURITY #: _____ DRIVERS LICENSE #: _____

SEX: _____ RACE: _____

EMPLOYER/ OCCUPATION: _____

EMPLOYER'S TELEPHONE #: _____

WHY DO YOU WISH TO ATTEND THE CITIZEN'S POLICE ACADEMY?
_____
_____
_____

HAVE YOU EVER BEEN ARRESTED AND/OR CONVICTED OF A CRIME?
_____

IF YES EXPLAIN: _____
_____

HOW DID YOU HEAR ABOUT THE CPA?
_____
_____

SIGNATURE: _____ DATE: _____

Please return to the Rogers Police Department or mail to the following address:

Rogers Police Department
C/o Public Information Officer, Angel Murphy-Pearce
1905 South Dixieland Road
Rogers, AR 72758