

SUNRISE CITIZENS POLICE ACADEMY APPLICATION



Name: _____ Date of Birth: _____

List any other names you have used in the past: _____

Address: _____

City, State, Zip: _____

Home Ph: _____ Cell Ph: _____ Email Address: _____

Driver's License #: _____ State: _____ Exp.Date: _____

Employer's Name: _____ Occupation: _____

Have you ever been arrested? If yes, what city and state? Please explain: _____

Do you have any medical conditions preventing you from participating in certain events? _____

I hereby certify that the information contained in this application is true and complete to the best of my knowledge. I am aware that should an investigation disclose any misrepresentation, falsification, or omission, I will be disqualified from the Sunrise Police Department's Citizens Police Academy. I understand that the Citizens Police Academy is a voluntary participation course and I will receive no compensation for attendance. I understand that a background check will be made upon submission of this application. I understand that any criminal convictions, any previous actions which may reflect unfavorably upon the City of Sunrise Police Department, or any suggestion I may be a security risk may be cause for denial or dismissal.

Print Name

Signature

Date

Applicants should return this form to the following address:

Special Operations Section
City of Sunrise Police Department
10440 W. Oakland Park Blvd
Sunrise, FL 33351
Email: CPA@sunrisefl.gov