



Streamwood Police Department Citizen Police Academy



Application Form

Last Name: _____ First Name: _____ MI: _____

Address: _____

City: _____ State: _____ Zip: _____

Date of Birth _____ Phone: _____

Driver's License #: _____

How long have you lived at your present address? _____ Years _____ Months

Previous address (if less than five years at current address): _____

Occupation: _____ Employer: _____

Employer's Address: _____

Employer's Phone: _____

Length of Employment _____ Years _____ Months

Personal reference we may contact:

Name: _____

Address: _____

Phone: _____

All applicants must live in the Village of Streamwood. They must also be at least 18 years of age. A background check also be conducted on each applicant. The Streamwood Police Department reserves the right to deny entry to the Academy based on the findings of that background check.

All information on the above application is true. I authorize the Streamwood Police Department to conduct a background check based on this application.

Signature: _____ Date: _____

**FORM MUST BE RETURNED TO THE STREAMWOOD POLICE DEPARTMENT
APPLICATION DEADLINE IS FEBURARY 17th, 2020**