

Kerrville Police Department
Citizen Police Academy
Application

Name:

Last First Middle

Address:

Street City Zip Code

Primary Phone: _____ Secondary Phone: _____
(Include area code) (Include area code)

Email address you would like to have messages concerning the CPA sent to: _____

Employer: _____ Occupation: _____

Work Address: _____

Driver's License number: _____ Social Security number: _____

Date of Birth: _____ Race: _____ Gender: _____

Emergency contact: Name _____ Phone _____

How did you hear about the Citizens' Police Academy? _____

Why do you wish to attend the Citizens' Police Academy? _____

Organizations you are involved in: _____

Have you ever been arrested or convicted of any crime? Yes No If Yes, explain: _____

"I hereby certify that there are no willful misrepresentations, omissions or falsifications in the foregoing statements and answers. I understand that any omission or false statements on this application shall be sufficient cause for rejection for enrollment or dismissal from the Kerrville Citizen Police Academy. I further understand that the Kerrville Police Department will be conducting a thorough background investigation that may include, but is not limited to, criminal history, employment history and personal references." "This application is subject to public disclosure pursuant to the Texas Public Information Act."

Applicant's signature Date: _____

Return completed applications to:
Kerrville Police Department/ CPA Coordinator
429 Sidney Baker St.
Kerrville, TX 78028

For CPA staff only:

Received by Date: _____