

WAUKEGAN POLICE DEPARTMENT

Citizen's Police Academy (WCPA)

Application

Applicant

Please type or print, using blue or black ink

Last name			First name		MI
Address			City	State	Zip
Date of Birth	Age	Cellphone #		Email	
Years at address	Months at address		Gender	Right or Left handed	Shirt Size
Driver's license #			Alternative email or phone number		
Previous address if less than five years at your present address					

Employment

Employer		Occupation	Work phone
Employer Address		City, State	Zip
Years at employer	Months at employer	Supervisor	

Personal Reference that we may contact

Name	Address	Phone
Name	Address	Phone

Emergency contacts

Name	Address	Phone
Name	Address	Phone

1. How did you hear about the Citizen's Police Academy? _____
2. Did anyone recommend you to apply for admission to the Citizen's Police Academy? _____
3. If so, who? _____
4. Have you ever been arrested for, convicted of, or cited for any offense? _____
5. If yes, please explain in detail, listing appropriate dates, charges, places and action taken.

6. Do you have any medical problems that might limit your ability to participate in the class activities?

7. Are you currently taking any medications that might limit your ability to participate in the class activities or operate machinery? _____

8. If so, what and how much? _____

NOTE: A felony conviction or gang association will disqualify any applicant from admission.

PLEASE REVIEW YOUR ANSWERS CAREFULLY AND READ THE FOLLOWING STATEMENT BEFORE SIGNING THIS APPLICATION.

"I hereby certify that there are no willful misrepresentations, omissions, or falsifications in the foregoing statements and answers to questions. I understand that **any** omission or false statements on this application shall be sufficient cause for rejection for enrollment or dismissal from the Waukegan Police Department's Citizen Police Academy." "I further understand and authorize the Waukegan Police Department to conduct a thorough background investigation that may include, but is not limited to criminal history, employment history and or personal references. I have not been convicted of a felony in any jurisdiction, Illinois or other states. I also understand that any student may be removed from the Waukegan Police Department's Citizen's Police Academy if said student is disruptive or otherwise inhibits the concept of this program.

All applicants must reside or work in Waukegan. All applicants must be 21 years of age by the first day of class. A background check will be conducted on each applicant. The Waukegan Police Department reserves the right to deny entry to the academy based on the findings of that background check. Incomplete and/or unsigned applications will not be considered. I understand that the applicant will be using a firearm under direct supervision of a certified firearms instructor. The applicant gives permission for the use of photographs or likeness to be used at the discretion of the Waukegan Police Department.

All information on the above application is true and I agree to the terms and conditions

Applicant signature: _____

Date: _____

RETURN COMPLETED APPLICATION TO:

Neighborhood Policing Unit
Waukegan Police Department
101 N. West St.,
Waukegan, Illinois 60085

OR email to:

craig.neal@waukeganil.gov