



PONTIAC POLICE

COMMUNITY-ORIENTED POLICING SECTION
110 E. Pike Street
Pontiac, MI 48342

Phone: 248-758-3477
Fax: 248-253-0288

PONTIAC POLICE DEPARTMENT CITIZENS' POLICE ACADEMY APPLICATION FOR ENROLLMENT

Complete the requested information below (please print or type). A background check will be conducted on all applicants. You must be 21 YEARS OF AGE to apply.

Name: _____
Last First Middle

Date of Birth: _____ Social Security #: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Driver's License #: _____ Expiration Date: _____

Home Phone: _____ Business/Day Phone: _____

Employer: _____ Position: _____

Address of Employer: _____

Emergency Contact: _____
(Name, Relationship, Phone Number)

Community/Group Affiliation or
Additional Information: _____

I certify that all statements made on this application are true and complete. I authorize any individual, company, organization or institution to release any and all information concerning the statements made by me on this application, and do hereby release all parties and individuals connected therewith from all liabilities for any damages whatsoever incurred in furnishing such information. I agree and understand that any deliberate misstatement or omission of material facts may disqualify me to participate in the Citizens' Police Academy. My signature below acknowledges my understanding and agreement with the material provided.

Signature _____
Date