



# Ashland Police Department Citizen's Police Academy Application

Applicants should live or work in Ashland and be at least 21 years of age. The academy classes are held every Thursday from 5:30 p.m. – 8:00 p.m. at 91 Memorial Dr., Ashland Training/Conference Room. The class is limited and if it's full before your application has been processed, you will be placed on the waiting list for the next academy class. Please contact the Ashland Police Department @ 256-354-2122 for additional information.

Name: \_\_\_\_\_  
(Last Name) (First Name) (M/I)

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Driver License#/State: \_\_\_\_\_

Social Security # \_\_\_\_ - \_\_\_\_ - \_\_\_\_ Gender: \_\_\_ Male \_\_\_ Female

Are you a U.S. citizen? Yes \_\_\_ or No \_\_\_ Place of Birth: \_\_\_\_\_

Home Address \_\_\_\_\_  
(Street)

\_\_\_\_\_  
(City) (Zip Code)

Home Telephone number: \_\_\_\_ - \_\_\_\_ - \_\_\_\_ Cell Number: \_\_\_\_ - \_\_\_\_ - \_\_\_\_

Email Address: \_\_\_\_\_

Place of employment and Telephone number: \_\_\_\_\_  
\_\_\_\_\_

Have you (since the age 18) ever been arrested, convicted or plead guilty or no contest to a misdemeanor? Yes \_\_\_ No \_\_\_

If yes, describe circumstances: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Have you (since the age 18) ever been arrested, convicted or plead guilty or no contest to a felony? Yes \_\_\_ No \_\_\_

If yes, describe circumstances: \_\_\_\_\_  
\_\_\_\_\_

Has any member of your immediate family or a close relative ever been arrested (other than traffic violations)? Yes: \_\_\_\_\_ No: \_\_\_\_\_ If yes:

\_\_\_\_\_  
(Name) (Relationship) (Charge) (Deposition)

\_\_\_\_\_  
(Name) (Relationship) (Charge) (Deposition)

List any relatives or friends working for the Ashland Police Department:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Do you speak a foreign language? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, what language: \_\_\_\_\_

### **Authorization and Release**

My signature on this application form attests to the fact that all information included is true to the best of my knowledge. I am aware that falsification on any part of this application form, credentials, may disqualify me or result in my immediate dismissal, regardless of when discovered.

Furthermore, I hereby authorize the Ashland Police Department, its agents or representatives, to contact any person or entity named on my application, and any attached credentials, for the purpose of confirming the information contained therein and/or obtaining other information which may be material to my qualifications. I also authorize the Ashland Police Department to perform a criminal background investigation and driving history. I hereby release the Ashland Police Department, its agents, or representatives, and any entity providing information pursuant to this Authorization and Release of information, from all liability upon the provision of that information.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

Return application to Ashland Police Department 91 Memorial Dr. Ashland, AL, 36251