

Benicia Police Department

Citizen's Police Academy Application



Name: _____ Date of Birth: _____

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

Home Address: _____

Email: _____

Cell Phone Number: _____ Home Phone Number: _____

Occupation: _____ Employer: _____

Reason(s) for wanting to attend the Citizen's Police Academy:

Have you ever been arrested? **YES** **NO** (Check box)

- If yes, write when, where, and what for:

Please supply the name, address and phone number of two character references:

- 1.
- 2.

I understand that by participating in the Benicia Police Department Citizen's Police Academy, I may have access to facilities, areas and equipment not generally available to the public. Therefore, I am providing the above information and I am authorizing the Benicia Police Department to verify that I am not the subject of an on-going criminal investigation, and not involved in any civil litigation with the City of Benicia. I realize that a criminal history background check will be conducted. **I give the Benicia Police Department permission to conduct a background check.**

Signature: _____ Date: _____

Shirt Size: S M L XL 2XL (Check box)

Eligibility Requirements:

Applicants must live in the city of Benicia, be at least 18 years of age, have ability to attend all scheduled classes, and have no prior felony or serious misdemeanor convictions.

Return or email completed application to:

Benicia Police Department

mking@ci.benicia.ca.us

FOR OFFICE USE ONLY

Date Received	Warrant Check	Records Check	RIMS Check