

Saint Louis Metropolitan Police Department Citizens Academy Application

Community Engagement and Recruitment Division

Personal Information

Name:					
Last		First	M	Middle	
Home Address:		City	State	Zip Code	
If you are a St. Louis City resider	nt, how long ha	•	nis address?	=	
Date of Birth:	Age:	Sex:	SSN:		
Oriver's License/ Permit #		State:	Expiration	Date:	
hone Number: ()		Alternate Ph	Alternate Phone Number: ()		
E-mail Address:					
If you own a business in the Ci	ity of St. Louis	s, please complete	the following section	n:	
Business Name:					
Business Address:					
		City	State	Zip Code	
Business Phone Number: ()		Years of Ownership:			
<u>Emergency Contact Ii</u>	nformatio	<u>on</u>			
Name:		Relationship:			
Address:					
		City	State	Zip Code	
Phone Number: ()		Alternate Phone Number: ()			
Employment Informa	tion				
Employer's Name:		Position:			
Business Address:					
		City	State	Zip Code	
Employer's Phone Number: ()	Dates Employed:			

References

Please list two character references who are not r	elatives	
1. Name	Phone Number _	
Occupation		d
Relationship to Reference		
2. Name	Phone Number _	
Occupation		d
Relationship to Reference		
Involvement Information		
Please list any civic groups, neighborhood association which you belong (optional):	itions or groups, business or p	professional organizations to
Have had any previous law enforcement training	or experience? If so, please ex	plain.
Why are you interested in participating in the Citi	zens Academy?	
Criminal History Have you ever been arrested, detained, taken into state, in military service, or elsewhere? If so, pleas (city/state), court disposition or sentence, police Convictions need not be listed unless you were ar	se provide the date, actual cha agency concerned. Minor City	arge or violation, location
Applicants who are found to have committed any no conviction occurred. Applicants who are found from this application will be disqualified from fur I certify that answers given in this internship app	l to have intentionally falsified ther consideration.	l or omitted any information
I understand and agree that the St. Louis Metropoinquiry.	<u> </u>	•
Completed applications can be mailed to: Community Engagement Recruitment Division Metropolitan Police Department 1915 Olive St. St. Louis, MO 63103	Signature of Applicant	Date
0r		Questions?
emailed to citizensacademy@slmpd.org		Contact:
		314-444-5638