

# KIRKWOOD CITIZEN POLICE ACADEMY



## APPLICATION

(PLEASE PRINT OR TYPE)

Any questions, call Jim Cox at: 314-822-5868

### Personal Information:

Name: (Last): \_\_\_\_\_ (First): \_\_\_\_\_ (MI): \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

A records check will be conducted, please complete the following:

Date of Birth: \_\_\_\_\_ (min. age: 18) SSN: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Drivers License: Y / N \_\_\_\_ State \_\_\_\_\_

email \_\_\_\_\_

=====

Have you ever been arrested: Y / N If yes, you must drop off the following information to Jim Cox at 314-822-5868 in order to be considered as a student: copy of the arrest form showing clearly the arresting agency, their case number and the charges, and a copy of court documents showing the outcome of the charges. Also if yes, please explain the circumstances: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

To obtain a copy of your arrest record (if applicable) contact St. Louis County Records 314-615-5317

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In case of an emergency, notify:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_ Add: Ph: \_\_\_\_\_

References: (List two—please exclude relatives)

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_ Add: Ph: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_ Add: Ph: \_\_\_\_\_

How did you hear about the Citizen Academy? \_\_\_\_\_

Reason why you would like to attend the Citizen Academy \_\_\_\_\_

By submitting this information to the Kirkwood Police Citizen Academy and the Kirkwood Missouri Police Department you swear that the above information is true. You understand and agree that a background check will be done and you understand you will be contacted a representative of the Kirkwood Police Department who will inform you of your enrollment status. You understand that by submitting this form you are NOT guaranteed a spot in any of the classes. If you have any questions or problems in regards to the program before you submit this application please contact either Officer Jim Cox 314-822-5868 coxjd@kirkwoodmo.org or Officer Cindy Casserly 314-984-6918 cassercm@kirkwoodmo.org

All information contained in this application will be kept strictly confidential.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Witness: \_\_\_\_\_ Date: \_\_\_\_\_

When completed return to:  
Kirkwood Police Department Community Service Division  
Kirkwood Police Department  
131 W Madison  
Kirkwood MO 63122