LEXINGTON POLICE DEPARTMENT
CITIZEN POLICE ACADEMY APPLICATION

150 EAST MAIN STREET – LEXINGTON, KY 40507
(859) 258-3635 FAX (859) 425-2008
E-MAIL – jcarmichael@lexingtonpolice.ky.gov

Applicant must be 18 years of age or older to attend the Academy
(Applicants must live or work in Fayette County)
No Prior Felon Convictions

Print in ink or type all answers. If more space is needed, use an additional sheet of paper.

Date: _____

Last Name: _____ First: _____

Full Middle Name: _____ Maiden: _____

DOB: _____ Age: _____ S.S.# _____

Home Address: _____

City: _____ State: _____ Zip Code: _____

E-Mail Address (Home): _____E-Mail Address (Work): _____

Home Phone #: _____ Pager #: _____ Mobile #: _____

Which district do you live? _____

Occupation: _____ Explain your position: _____
_____
_____

Company Name: _____

Address: _____ City: _____

State: _____ Zip Code: _____ Bus. Phone #: _____

Fax #: _____ E-Mail: _____

In case of emergency please notify:

Name: _____ Home Phone #: _____
Cell Phone # : _____

Address: _____

Relationship: _____

Please answer yes or no to the following question and provide explanations where needed.

1. Have you ever been arrested for a crime other than traffic offenses? Yes or No. If yes, please explain with disposition and dates.

_____
_____
_____
_____

NOTE: APPLICANT CONVICTED OF A FELONY IS INELIGIBLE TO ATTEND.

2. Do you have a valid driver's license? Yes or No (Please circle)

   Driver's License number: _____

3. Are you 18 years of age or older? Yes or No (Please circle)

4. Do you have any special needs that require accommodation in order for you to participate in this program? Yes or No (Please circle)

   Explain if you circle yes: _____

   Are you allergic to anything? _____

   Please explain: _____
   _____

5. How did you hear about the academy?

_____
_____
_____

6. Do you know someone who has already gone through the academy before?
   Yes or No (Please circle) If yes, please explain:

_____
_____
_____
_____

10. Do you know any police officers? _____
    _____

8. Have you ever applied for the academy before? Yes or No (Please circle) If yes, please explain:

_____
_____
_____
_____

9. Are you interested in law enforcement as a career? Yes or No (Please circle) If yes, please explain:

_____
_____
_____
_____

10. Please state below why you are interested in attending the Citizen Police Academy?
NOTE: THIS IS A VERY IMPORTANT QUESTION TO ANSWER THOROUGHLY

_____
_____

11. Please list community involved activities, any associations, or organizations in Which you participate:

_____

_____

12. List three character references that are not family members or employers:

Name _____ Home Number _____

Name _____ Home Number _____

Name _____ Home Number _____

I hereby certify that there are no willful falsifications, omissions, or misrepresentations in the foregoing statements and answers to questions. I understand that any omission or false statement on this application shall be sufficient cause for rejection for enrollment or dismissal from the Lexington Police Department Citizen Police Academy. I also grant permission for the Lexington Police Department to verify the above information contained on this application and check for prior criminal history.

_____

Signature of applicant Date

Lexington Police Department
Attention: Officer John Carmichael
150 East Main Street
Lexington, Kentucky 40507
Phone: (859) 258-3635
Fax: 425-2008
E-Mail: jcarmichael@lexingtonpolice.ky.gov