



**LEXINGTON POLICE DEPARTMENT
CITIZEN POLICE ACADEMY APPLICATION**

1795 Old Frankfort Pike – LEXINGTON, KY 40504

(859) 258-3635 FAX (859) 425-2008

Attn: Officer Shannon Gahafer

E-MAIL – sgahafer@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 Felony Convictions.

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

Date: _____

Last Name: _____ First: _____ Middle: _____

Maiden: _____ DOB: _____ Age: _____

S.S.#: _____ KY Driver's License #: _____

☐ Male ☐ Female Race (optional): _____

Home Address: _____

City: _____ State: _____ Zip Code: _____

E-Mail #1: _____ E-Mail #2: _____

Home Phone: _____ Cell Phone: _____

Occupation: _____ Company Name: _____

Address: _____ City: _____

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

In case of emergency please notify:

Name: _____ Home Phone #: _____

Cell Phone #: _____

Relationship: _____ Address: _____

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 ☐ 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 or ID card? ☐ Yes ☐ No
3. Are you 18 years of age or older? ☐ Yes ☐ No
4. Are you allergic to anything? ☐ Yes ☐ No If yes, please list:
5. How did you hear about the CPA?
6. Do you know someone who has already gone through the academy before?
☐ Yes ☐ No If yes, please explain:
7. Do you know any police officers? ☐ Yes ☐ No If yes, please explain:
8. Have you ever applied for the academy before? ☐ Yes ☐ No If yes, please explain:
9. Are you interested in law enforcement as a career? ☐ Yes ☐ No 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 any associations or organizations in which you participate:

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