OLDHAM COUNTY POLICE DEPARTMENT
Citizen's Academy
Application

DATE: _____ HOME PHONE: _____

NAME: _____ WORK PHONE: _____

ADDRESS: _____
STREET CITY STATE ZIP

RACE: ____ MALE: ____ FEMALE: SOC. SEC. # _____

OCCUPATION: _____

EMPLOYED BY: _____

WHY DO YOU WISH TO ATTEND THE CITIZEN POLICE ACADEMY?

_____

_____

HOW DID YOU FIRST HEAR ABOUT THE CITIZEN POLICE ACADEMY?

_____

_____

HAVE YOU EVER BEEN ARRETSED/CONVICTED OF A CRIME?
YES ____ NO ____ (If yes, explain)

_____

_____

By my signature below I acknowledge the above information is true and accurate representation and that all of the above information is required in order for the Oldham County Police Department to conduct a background inquiry.

SIGNATURE:

Applications may be mailed or delivered to: Oldham County Police Department
1855 North Highway 393
LaGrange, Kentucky 40031