

Lawrenceville Police Department



CITIZENS POLICE ACADEMY

Application for Admittance

Name \_\_\_\_\_  
Last First MI

Preferred Name for Name Tag \_\_\_\_\_

Date of Birth \* \_\_\_\_\_ Social Security # \* \_\_\_\_\_  
Month/Date/Year 9 digits

Address \_\_\_\_\_ GA \_\_\_\_\_  
Street (include apt. #) City State Zip

Do you possess a valid Driver's License? Yes / No Drivers License # \_\_\_\_\_  
Circle one 9 digits  
State of Issue \_\_\_\_\_

Employer \_\_\_\_\_  
Name Address City State Zip

Occupation \_\_\_\_\_

Email Address \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Business Phone \_\_\_\_\_

List any other states you have lived or worked in \_\_\_\_\_

How long have you lived in Gwinnett County? \_\_\_\_\_

How did you hear about the academy? \_\_\_\_\_

Have you ever been charged with a crime? Yes / No If yes, what was the reason? \_\_\_\_\_  
Circle one

Date of arrest (s) \_\_\_\_\_ State (s) \_\_\_\_\_

Are you committed to attending all the sessions? \_\_\_\_\_

I hereby certify the information contained in this application is true and complete to the best of my knowledge. The Lawrenceville Police Department is authorized to make any investigation of my personal and criminal history deemed necessary for consideration to attend the Citizens Police Academy.

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_

\* This information is required for verification of data provided and is not used for any other purpose.