

SEDALIA POLICE DEPARTMENT CITIZEN'S POLICE ACADEMY

201 West Second Street – Sedalia, MO 65301 ---- (660) 827-7823 x 184

PERSONAL INFORMATION

Full Name	Nickname (name you go by:
Social Security Number	Date of Birth:
Have you ever been convicted of a Felony? [] Yes [] No	Your Shirt Size:
Home Address House Number & Street:	S M L XL XXL
City, State & Zip	Home Phone:
Employer Name: Employer's Address:	Business Phone:

Sponsored by:

Educational Background

Name of High School: City and State:	Date Graduated:
Business/Technical School	Date Graduated:
Name of College:	Date Graduated:
Name of College:	Degree & Date Graduated:

Please List Three References

Name:	Phone Number:
Name:	Phone Number:
Name:	Phone Number:

Briefly describe why you are interested in attending the Citizen's Police Academy: _____

Applicants Signature: _____ Sponsors Signature: _____
 Date: _____ Date: _____

Attach extra sheet(s) if necessary to complete any of the information requested above. If there are any attachments, X this box []