



CITIZENS POLICE ACADEMY SESSION #23



NAME:

<i>LAST</i>	<i>FIRST</i>	<i>MIDDLE</i>
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ADDRESS:

<i>NUMBER</i>	<i>STREET / P O BOX</i>	<i>APT. NO.</i>
<i>CITY</i>	<i>STATE</i>	<i>ZIP CODE</i>

HOME PHONE: _____

WORK PHONE: _____

SOCIAL SECURITY NO: _____

DATE OF BIRTH: _____

EDUCATION:

<i>HIGH SCHOOL or G E D</i>	<i>DEGREE or NUMBER OF YEARS</i>
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OCCUPATION:

<i>BUSINESS NAME (former if retired)</i>	<i>POSITION</i>	<i>YEARS EMPLOYED</i>
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HAVE YOU EVER BEEN ARRESTED? YES / NO IF YES PLEASE EXPLAIN BELOW.

REASON YOU WISH TO ATTEND:

RETURN APPLICATION TO: Maryville Police Department ATTN: COP Unit 418 West Broadway Avenue Maryville, TN 37801 (865)273-3717
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