

## **Citizens Police Academy** Session 33

## February 20, 2024 - April 30, 2024 \*\*Due to the nature of this training, all applicants must undergo a background check\*\*

NAME:			
	LAST	FIRST	MIDDLE
ADDRESS:	NUMBER	STREET	APT. NO.
-	CITY	STATE	ZIP CODE
PRIMARY PHONE:		EMAIL ADDRESS:	
**SOCIAL SECURITY NO:		**DATE OF BIRTH:	
EDUCATION:	HIGH SCHOOL or G E D		DEGREE or NUMBER OF YEARS
OCCUPATION:	BUSINESS NAME (former if retired)	POSITION	YEARS EMPLOYED
HAVE YOU E	VER BEEN ARRESTED? YE	ES / NO IF YES PLEASE	EXPLAIN BELOW.
REASON YOU V	WISH TO ATTEND:		

## **RETURN APPLICATION TO:**

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