



CITIZENS POLICE ACADEMY SESSION #27



NAME: _____
LAST FIRST MIDDLE

ADDRESS: _____
NUMBER STREET / P O BOX APT. NO.
_____ CITY STATE ZIP CODE

HOME PHONE: _____ WORK PHONE: _____

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 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