Citizens' Police Academy
Session 32
February 21, 2023 - May 2, 2023

****Due to the nature of this training, all applicants must undergo a background check****

NAME: _____
LAST *FIRST* *MIDDLE*

ADDRESS: _____
NUMBER *STREET / P O BOX* *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 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