Citizens Police Academy Application

Spring 2026

****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 EVER BEEN ARRESTED? No IF YES PLEASE EXPLAIN BELOW.

REASON YOU WISH TO ATTEND:

_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____

EMAIL APPLICATIONS TO:
Maryville Police Department
Sgt. Travis Hill
tdhill@maryville-tn.gov
(865)273-3754