



Use of Force Citizens Police Academy

350 N. Guadalupe Street, Seguin, Texas 78155 Phone # 830-379-2123

Full Name: _____
 (First Name) (Middle Name) (Last Name)

Sex: M/F Date of Birth: ___/___/___ other names: _____

Home address: _____

City: _____ Zip: _____ Email address _____

Phone: (____) _____ work phone: (____) _____

Drivers License #: _____ State: _____ Last 4 of Social Security #: _____

Emergency Contact: _____
 (Full Name) (Phone Number)

How would you like your first name to appear on your nametag? _____

Have you ever been convicted of a crime? ___ Yes ___ No

If yes, please explain (include date and disposition) _____

Have you ever attended a Civilian Police Academy before? ___ Yes ___ No If yes, Location? _____

List persons you are acquainted with who have attended the Seguin Police Department's Civilian Academy.

Please provide two-character references: (please provide name, address and phone number)

- 1) _____
- 2) _____

How did you hear about the Civilian Police Academy? ___ SPD Facebook ___ Newspaper ___ Radio
 Other _____

Students that miss more than 2 days of training will NOT be able to graduate from the program.

In consideration of my application to attend the SPD Civilian Academy, I, _____ give the Seguin Police Department permission to check my personal background and references and to conduct other background checks as necessary. The context of this background check is for the sole purpose of determining my edibility to attend the Seguin Police Department's Civilian Police Academy. **THIS INFORMATION IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE.**

APPLICANT'S SIGNATURE

DATE

For office use only: ___ Local Records Check ___ Drivers License and wanted combo
 ___ Criminal History -DPS Secure Website ___ National Sex Offender Public Website

Check completed by: _____

Status of Application ___ Approved ___ Denied By whom: _____ Date: _____