

ATLANTA POLICE DEPARTMENT

Citizens Police Academy

Darin Schierbaum
Chief of Police



Mission:

To educate the citizens of Atlanta with the operation of their police department while obtaining valuable feedback from those citizens to enhance police/community relations.

ATLANTA POLICE DEPARTMENT
APPLICATION FOR CITIZENS POLICE ACADEMY

Date: _____

Name: _____

Do you have any alias names, if so what are they?

Home Address: _____

E-Mail: _____

Phone: (Home) _____ (Work) _____ (Cell) _____

Notification In Case of Emergency:

	Name	Address		Phone #
(1)	_____	_____	_____	_____

(2)	_____	_____	_____	_____
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Date of Birth: _____ **Race/Sex (For Statistics Only):** _____

Employment (Company & Address): _____

Position or Job Title: _____

Education:
Years Completed: _____ **Schools Attended:** _____

List years in college and if applicable, any degree obtained:

The Citizens Police Academy is not intended to serve as an accredited law enforcement course, but merely to provide insight into the internal workings of the police department.

Have you ever been convicted of a crime?

(If yes, indicated the date, charge, and disposition)

Are you, or have you ever been, placed on parole or probation? YES_____ No_____

Do you currently use any illegal drugs, to include but not limited to marijuana, cocaine, heroin, etc? If so explain:

How did you hear about the Citizen Police Academy? Who recommended you?

Why do you wish to attend the Citizens Police Academy?

Do you belong to a community organization / NPU? If so explain:

What Zone do you live in (1 – 6)?_____

If you are not a city resident, do you work in the city? _____yes _____no

Please include a copy of your Driver's License with this application.

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SWORN STATEMENT

I HEREBY SWEAR THAT ALL STATEMENTS MADE IN THIS APPLICATION ARE TRUE AND COMPLETE. I ALSO UNDERSTAND THAT ANY MISSTATEMENTS, OMISSIONS, OR FALSIFICATIONS OF MATERIAL FACTS WILL SUBJECT ME TO DISQUALIFICATION FROM THE CITIZENS ACADEMY PROCESS AND COULD RESULT IN CRIMINAL PROSECUTION UNDER GEORGIA CODE 16-10-20.

APPLICANT'S FULL LEGAL NAME (PRINT)

SIGNATURE OF APPLICANT

DATE _____

APPLICANT'S SOCIAL SECURITY NUMBER

NOTARY PUBLIC

DATE _____

- Information contained in this Application is **CONFIDENTIAL** and will be retained by the Atlanta Police Department.



CITY OF ATLANTA

Andre Dickens
Mayor

<http://www.atlantaga.gov>

Atlanta Police Department
Darin Schierbaum, Chief of Police

CRIMINAL HISTORY / ARREST RECORD REQUEST - CONSENT FORM

I hereby authorize the ATLANTA POLICE DEPARTMENT to receive any Criminal history record information pertaining to me which may be in the files of any State or Local Criminal Justice agency. This authorization is valid for 90 days from date of signature.

_____/_____/_____
(Last) (First) (Middle) Race Sex Month / Date /Year
(Date of Birth)

_____/_____/_____
(If applicable, maiden name, or name used in the past) Social Security Number

_____/_____/_____
Address City State Zip Code Telephone #

Signature Date

Please check one of following for type of employment: Employment with mentally disabled
 Employment with elder care Employment with children Other

DO NOT WRITE BELOW THIS LINE (OFFICIAL USE ONLY)

This statement is to certify the criminal arrest files of the Atlanta Police Department, Identification Unit, City of Atlanta, Georgia have been search by name only and reveal the following information on the above listed subject:

- () No Record with our agency () No record on Ga. State File / GCIC
() Arrest Record as follows: () See attached GCIC printout

CHARGES **DATE OF ARREST** **DISPOSITION**

APD # Identification Unit Employee Initials Date