Eureka Police Department
Citizen's Police Academy
Application

Name: _____

Address: _____

Home Phone: _____ Other Phone: _____

California Drivers License Number: _____

Date of Birth: _____ Occupation: _____

Email Address: _____

Reason(s) for wanting to attend the Citizen's Police Academy:

Have you ever been arrested/convicted of a crime? _____

Are you required by Penal Code Section 290 to register with a local law enforcement agency? Yes _____ No _____

Please provide name, address and phone number of two personal references.

1._____

2. _____

All applicants must be at least 18 years of age. All information on the above application is true. I give the Eureka Police Department permission to conduct a background check.

Print Name: _____

Signature: _____

Date: _____

Applications may be mailed or delivered to:

Eureka Police Department, 604 C Street, Eureka, CA 95501 707-441-4266