City of Round Rock
Police Department
Citizens Police Academy
Application

(Print this form and send the completed application to the address below.)

Applicant Prerequisites:

- All applicants must truthfully complete and submit an application.
- All applicants must be at least 18 years of age.
- All academy participants will be required to complete a Release From Liability form.
- This program is primarily available to residents of the City of Round Rock, or persons who own or work in a business located within the City. Other applicants may be accepted if space is available.
- Applicants who have been convicted of a violent crime, felony or any crime not in keeping with the goals and spirit of the Academy or the Round Rock Police Department will be disqualified.
- Applicants must have a current and valid drivers license.

Mr./Mrs./Ms. _____ Male / Female
Last First Middle

Date of Birth: _____ Social Security #: _____ Drivers License #: _____

Home Address: _____ City: _____ St: ___ Zip: _____

Home Phone #: _____ Alternate Phone #: _____

Business Name: _____ Phone #: _____ Fax #: _____

Business Address: _____ City: _____ St: ___ Zip: _____

Email address: _____

~~~~~~~~~~~~~ ***Tell us about you!*** ~~~~~~~~~~~~~

Occupation and Job Title: _____ Referred By? _____

In what areas of the community are you already involved: _____

_____

Describe why you want to be enrolled in the Citizens Police Academy: _____

_____

_____

_____

Have you ever been arrested for any offense other than a traffic violation? ____ If yes, state when, where and describe the circumstances. _____

_____

I hereby authorize the Round Rock Police Department to conduct an investigation of my application for the purpose of determining my eligibility to participate in the Citizens Police Academy.

Signature: _____ Date: _____

Mail this form to: Round Rock Police Department
Officer J. Claypool- CPA Coordinator
2701 North Mays Street

Privacy Act Notice: The Police Department's application form for the Citizen Police Academy requests your social security number. Disclosing your social security number on these forms is voluntary. The request is made pursuant to the Police Department's practice of requiring program participants to undergo a criminal history record check and using their social security numbers along with other identifying information to conduct criminal history record checks on them. This information is necessary for the Police Department to obtain accurate criminal history record information and will be used only for that purpose. Signing this form indicates that you have read and understand that your social security number will be used by the Police Department to obtain access to your criminal history record information
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