

## CITIZENS' POLICE ACADEMY APPLICATION 911 Seal Beach Blvd., Seal Beach, CA 90740

PERSONAL INFORMATION	
Name:	Home Phone:
Home Address:	Cell Phone:
City, State, Zip:	Email:
CA Driver's Lic. #:	SSN:DOB:
CURRENT EMPLOYMENT INFORMATION (If retired, list most recent Employment	
Occupation:	Business Phone:
Business Name:	
Business Address:	City, State, Zip:
QUESTIONNAIRE	
At the time of this application, are you under 18 years of age?	
Have you ever been arrested or convicted of any criminal offense?	
Do you have any medical conditions that limit your activities?	
Have you ever used a name other than the one listed above?	

If you answered "Yes" to any of the questions above, please explain:
Please let us know why you are interested in attending the Citizens' Academy:
How did you hear about the Academy?
Do you have any affiliation with the Seal Beach Police Department? (i.e. VIP, CERT, RACES, Explorers, Police Foundation). If so, what volunteer group and when were you involved?
AUTHORIZATION TO CONDUCT BACKGROUND CHECK
I understand that any misrepresentation or material omission made by me on this application will be sufficient cause for cancellation of this application or immediate discharge from the Citizens' Academy, whenever it is discovered.
I certify that the information contained in this application is true to the best of my knowledge. The City may verify any of the statements contained in the application. I authorize the City to conduct a background investigation that includes criminal history, driving record, DOJ, and FBI information and any information from previous employment. I release the parties and persons from any and all liability of such information by the City or any of its agents or representatives.
Applicant Signature: Date:
Return completed applications by mail, in person at the front desk of the Police Department, or by email to jfarcia@sealbeachca.gov. Please write attention to "Corporal Garcia."

ELIGIBILITY FOR ATTENDANCE IS AT THE SOLE DISCRETION OF THE POLICE DEPARTMENT