

Yorkville Police Department CITIZENS POLICE ACADEMY APPLICATION

PERSONAL INFORMATION		
Last Name	First Name	Middle Initial
Date of Birth	Telephone Number	Work Number
Drivers License Number		Social Security Number
Address		
City	State	Zip Code
How long have you been living at your present address? (Years and Months)		
Previous Address <i>if less than 5 years at present address:</i>		
City	State	Zip Code
EMPLOYMENT INFORMATION		
Employer Name		
Employer Address		
City	State	Zip Code
Employer's Phone Number		Occupation
How long have you been employed here? (Years and Months)		

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PERSONAL REFERENCE WE MAY CONTACT		
Reference Full Name		
Reference Address		
City	State	Zip Code
Reference's Phone Number	Relationship to Reference	
NOTICE AND AGREEMENT		
<p>ALL APPLICANTS MUST BE OF 18 YEARS OF AGE AND LIVE AND/OR WORK WITHIN THE UNITED CITY OF YORKVILLE. A BACKGROUND CHECK WILL BE CONDUCTED ON EACH APPLICANT. THE YORKVILLE POLICE DEPARTMENT RESERVES THE RIGHT TO DENY ENTRY INTO THE ACADEMY BASED ON THE FINDINGS OF THAT BACKGROUND CHECK.</p> <p>ALL INFORMATION ON THE ABOVE APPLICATION IS TRUE. I AUTHORIZE THE YORKVILLE POLICE DEPARTMENT TO CONDUCT A BACKGROUND CHECK BASED ON THIS APPLICATION.</p>		

Applicant Signature: _____ Date: _____

PLEASE RETURN THIS APPLICATION TO:

YORKVILLE POLICE DEPARTMENT
804 Game Farm Road
Yorkville, Illinois 60560
630-553-4340

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Academy Participant Release

I, _____, a voluntary participant in the Yorkville Citizens Police Academy do, for myself, my heirs, executors, and administrators, forever remise, release and discharge the United City of Yorkville and its successors, the Mayor, City Council, Officers, Employees or Agents thereof, of and from all manner of actions, causes of action, suits, debts and sums of money, dues, claims and demands, in law or equity, by reason of my participation in said program.

Applicant Signature: _____ **Date:** _____

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Yorkville Police Department Release Form

The Yorkville Police Department and the City of Yorkville offer the Citizens Police Academy as a part of its community policing services and in so doing hope to educate citizens as to the work and duties of members of the police department to promote understanding and cooperation.

In no way does the City of Yorkville, by offering this service, authorize citizens to act in the capacity of police officers.

The City expects any citizen who is a witness to a crime to call 9-1-1 to seek police assistance and never attempt to handle such a situation on their own.

Applicant Signature: _____ **Date:** _____