

ITASCA POLICE DEPARTMENT CITIZEN'S POLICE ACADEMY

APPLICATION FOR ADMISSION



NOTE: Applicants must be at least 18 years of age.

Please type or print your answers below:

Name: _____
Last First Middle

Date of Birth: _____ Driver's License Number: _____

Address: _____
Full Street/Apartment Number City State Zip Code

Telephone: _____
Home Work Cell

eMail Address: _____

Best way to contact you? (circle one) Phone/Home Phone/Work Phone/Cell Text/Cell eMail

If a resident of Itasca, how long? _____

Are you employed by or have a business in the Village of Itasca? _____ How long? _____

If so, please provide the name, address and phone number of the business: _____

I hereby authorize the Itasca Police Department to conduct a records check to determine my suitability as a candidate.

I further understand that the Itasca Police Department will be conducting this training free of costs and that my obligation is to make every reasonable effort to attend and participate in all sessions.

Applicant's Signature

Date

Return completed application to: Officer Mike Shrader
Itasca Police Department
540 W Irving Park Road
Itasca, IL 60143

For Official Use Only:

Information verified by: _____ Date: _____