

# 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: Sergeant Jim Duda  
**Itasca Police Department**  
540 W Irving Park Road  
Itasca, IL 60143

For Official Use Only:

Information verified by: \_\_\_\_\_ Date: \_\_\_\_\_