



**EL CAJON POLICE DEPARTMENT
2010 CITIZEN POLICE ACADEMY**

Enrollment Application

Name _____ DOB _____

Drivers License or I.D. #: _____

Home Address _____ City/Zip _____

Home Phone # _____ Work Phone # _____

Employer _____ Work Hours _____

Business Address _____ City/Zip _____

Occupation _____

Physical Disabilities _____

Are you a member of any civic groups/professional organizations? _____

Which ones? _____

Have you ever been convicted of a felony? _____ When and what charge _____

Have you ever been convicted of a misdemeanor? _____ When and what charge _____

Why do you wish to attend the Citizen Police Academy? _____

I _____ authorize the El Cajon Police Department to conduct a background check prior to my acceptance to the Citizen Police Academy.

Signature

Office Use Only:
MO/SO _____ ARJIS _____ Comments _____

**Please return completed application by March 31st, 2010 to:
Samantha Scheurn-Hook, El Cajon Police Department, 100 Fletcher Parkway, El Cajon Ca 92020**