



EL CAJON POLICE DEPARTMENT'S CITIZEN POLICE ACADEMY APPLICATION

Name: _____ DOB: _____

Driver's License or I.D. #: _____ E-Mail Address: _____

Home Address: _____ City/Zip _____

Home Phone # _____ Work Phone # _____ Cell Phone# _____

Employer _____

Business Address _____ City/Zip _____

Occupation _____

Physical Disabilities/Special Accommodations _____

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

If YES, please provide the name(s) _____

Have you ever been convicted of a felony? **Y / N** When and what charge _____

Have you ever been convicted of a misdemeanor? **Y / N** When and what charge _____

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

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

Signature

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

The application must be dropped off or mailed to the Police Department:

ATTN: Amanda Stills, El Cajon Police Department, 100 Civic Center Way, El Cajon CA 92020

**You must be 18 years old to participate.
Applications will be accepted in the order received.
All applications received after the first 25 will be placed on a waiting list.
E-mailed applications will not be accepted**