

**Ann Arbor Police Department
CITIZENS' POLICE ACADEMY
Application Form**

Last Name: _____
First Name: _____
Middle Name: _____
Address: _____
City: _____ State: _____ Zip: _____
Phone Number: _____ Date of Birth: _____
Driver's License Number: _____
Social Security Number: _____
How long have you lived at present address: Yrs: _____ Mos: _____
Previous address if less than five years at present address:

Occupation: _____
Employer: _____
Employer's Address: _____
Employer's Phone Number: _____
Length of employment: Yrs: _____ Mos: _____
Personal reference that we may contact:
Name: _____
Address: _____ Phone: _____

All applicants must reside or work in the City of Ann Arbor. They must also be a least 18 years of age. A background review will also be conducted on each applicant. The Ann Arbor Police Department reserves the right to deny entry to the Academy based on the findings of that background review.

All information on the above application is true. I authorize the Ann Arbor Police Department to conduct a background review based on this application.

Signature: _____ Date: _____

**Please return this form to Crime Prevention Specialist Adele El-Ayoubi at the Ann Arbor Police Department, 100 N. Fifth Ave., Ann Arbor, MI 48105 or fax it to (734)332-1860

Drop off at the Police Front Desk