



ANN ARBOR POLICE DEPARTMENT

CITIZENS= POLICE ACADEMY

Application Form

NAME:

Last: _____ First: _____ Mid: _____

ADDRESS:

Street: _____ City: _____ State: _____ Zip: _____

Date of Birth: _____ Telephone #: _____

Driver's License #: _____ Social Security#: _____

How long have you lived at present address: Yrs. ___ Mos.: _____

Previous address if less than five years at present address:

Email: _____

Occupation: _____ Employer: _____

Employer's Address: _____ Telephone #: _____

Length of employment: Yrs. _____ Mos.: _____

Personal reference that we may contact:

Name: _____ Address: _____

Telephone #: _____

All applicants must reside or work in the city of Ann Arbor. They must also be at 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 the Ann Arbor Police Department at 100 N. Fifth Ave., Ann Arbor MI 48104 or you may fax it to (734) 994-2850 Attn: PSS Adele El-Ayoubi, ICPS. For questions, please call 734-794-6933.