



Ann Arbor Police & Fire Departments

Ready Ann Arbor Training Application



NAME:

Last: _____ First: _____ MI: _____

ADDRESS:

Street: _____ City: _____ State: _____ ZIP: _____

Date of Birth: _____ Sex: _____ Telephone #: _____

Driver's License #: _____

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 Ready Ann Arbor training 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: Ann Arbor Police Department | Attn: PSS Susan Casey | The Justice Center, P.O. Box 8647, Ann Arbor, MI 48107; or you may fax it to 734-994-2850 Attn: PSS Susan Casey, or email it to scasey@a2gov.org. For questions, please call 734-794-6900, ext. 49526,