



19th CITIZENS POLICE ACADEMY
Application Instructions
Please Read Carefully Before Proceeding
<http://www.richmondgov.com/Police/CommunityCareUnit.aspx>



These instructions are provided as a guide to assist you in properly completing your application. It is essential that the information be accurate in all respects. In addition to completing the Citizens Police Academy application, a **Criminal History Record Request** must be completed and submitted to determine your eligibility for the Richmond Citizens Police Academy. A thorough background investigation will be administered.

All information on this application will be kept in the strictest confidence.

Instructions:

1. Avoid errors by reading the questions carefully before making any entries on the forms. Be sure your information is correct and in proper sequence before you begin.
2. This application should be typed or **printed legibly** by you. Answer all questions to the best of your ability.
3. If a question is not applicable to you, enter "N/A" in the space provided.
4. If there is insufficient space on the form to include all information required, use the back of the page.
5. An accurate and complete form will help expedite your background investigation for your enrollment.

19th Citizens Police Academy 2015

- ✓ *Tuesday & Thursday Evenings*
- ✓ *6:00 pm – 8:30 pm*
- ✓ *Richmond Police Headquarters (200 W. Grace Street)*
- ✓ *Feel free to bring snacks and beverages*

NOTE: All completed applications should be emailed, mailed or faxed to:

CYIS Unit, Room 421
Attn: 19th Citizens Police Academy
200 West Grace Street
Richmond, VA 23220
804-646-3354
Fax-646-4299
Email: RPDCares@richmondgov.com

City of Richmond Police Department
19th Citizens Police Academy
Application for Admission

Applicants must be 18 years or older. **Please type or print legibly.** All applications that are incomplete and/or unsigned will not be accepted. There is no charge for admission into the Richmond Citizens Police Academy.

Date: _____ Date of Birth: _____
SSN#: _____ (*Official Background Check*)

Personal Information

Name: _____	Sex: _____	Race: _____
Complete Home Address: _____ _____		
Home Telephone/Mobile: _____		
E-mail Address: _____		
Twitter, if applicable: _____		
Do You Have Any Impairment(s) (<i>Include Pregnancy</i>)?		<input type="checkbox"/> No <input type="checkbox"/> Yes
<i>If yes, please list:</i> _____ _____		

Emergency Contact: _____
Telephone: _____

Have you ever been convicted of a felony and/or misdemeanor? <input type="checkbox"/> No <input type="checkbox"/> Yes
<i>If yes, please explain in detail, listing appropriate dates, charges, court jurisdiction, and action taken by court:</i> _____ _____ _____

Do you have any criminal charges pending in any court of any state of the U.S.? <input type="checkbox"/> No <input type="checkbox"/> Yes
<i>If yes, please explain in detail, listing appropriate dates, charges, court jurisdiction, and action taken by court:</i> _____ _____ _____

Background

Please explain briefly why you wish to attend the City of Richmond Citizens Police Academy: _____

Please list any associations, clubs, or organizations you are affiliated with: _____

Would you be willing to volunteer your services to the City of Richmond Police Department? No Yes
If yes, please explain in detail:

Employment

List information regarding your place of employment. (Please indicate if retired, homemaker, unemployed.etc.)
Present Employer: _____
Address: _____
E-mail Address: _____
Telephone: _____
Position/Title: _____
How Long Employed? _____

Do you own your own business? No Yes
If yes, please complete the following:
Business Name: _____
Address: _____
Email Address: _____
Type of Business: _____
Employees: _____

Recommendations

Were you recommended or advised to apply for admission by anyone in particular?

No Yes

If yes, who and/or what is his/her affiliation with the City of Richmond and/or the City of Richmond Police Department?

<i>Name</i>	<i>Specific Affiliation</i>

Please review your answers carefully and read the statement below before signing this application.

I hereby certify that there are no willful misrepresentations, omissions or falsifications in the foregoing statements and answers to questions. I understand that any misrepresentations, omissions or false statements on this application shall be sufficient cause for rejection for enrollment or dismissal from the City of Richmond Citizens Police Academy. In signing below, I also give consent to the Richmond Police Department to complete a Criminal History Records Request on my behalf.

Applicant's Signature

Date

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