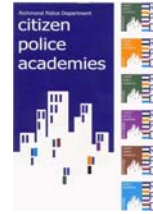




## Citizens Police Academy Application Instructions Please Read Carefully Before Proceeding



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.

**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.

### **Criminal History Record Request Instructions:**

1. Complete section 3: **PLEASE COMPLETE A CRIMINAL HISTORY RECORDS REQUEST ON THE FOLLOWING PERSON**
2. Complete each field

**NOTE:** All completed applications should be forwarded to:

Richmond Police Department  
Community, Youth & Intervention Services Unit  
200 West Grace Street  
Richmond, VA 23220  
804-646-7648  
Fax-646-4299  
Email: [GiTonya.Parker@richmondgov.com](mailto:GiTonya.Parker@richmondgov.com)  
Attention: **GiTonya L. Parker, Program Mgmt. Analyst**

***City of Richmond Police Department***  
**Citizens Police Academy**  
**Application for Admission**

Applicants must be 18 years or older. Please type or print clearly. 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: \_\_\_\_\_

**Personal Information**

Name: _____	Sex: _____	Race: _____
Home Address: _____ _____		
Home Telephone/Mobile: _____		
E-mail Address: _____		
Do You Have Any Impairment(s) (Include Pregnancy)?		<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: \_\_\_\_\_

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

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Would you be willing to volunteer your services to the City of Richmond Police Department?  No  Yes

*If yes, please explain in detail:*

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## **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? <input type="checkbox"/> No <input type="checkbox"/> 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.

\_\_\_\_\_  
**Applicant's Signature**

\_\_\_\_\_  
**Date**

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Richmond, VA 23220  
804-646-7648  
Fax-646-4299  
Email: [GiTonya.Parker@richmondgov.com](mailto:GiTonya.Parker@richmondgov.com)  
**Attention:** GiTonya L. Parker, Program Mgmt. Analyst