



**Greater Madison Area Citizen
Police Academy Application
Richmond Police Department
239 West Main Street
Richmond, KY 40475
wreardon@richmond.ky.us**



**Applicant must be 18 years of age or older to attend the academy
No Prior Felony Convictions
Valid Driver's License Required**

Print in black ink or type answers. Attach additional pages as needed.

Date: _____

Last Name: _____ First Name: _____

Full Middle Name: _____ Maiden: _____

DOB: _____ Age: _____ Driver's License Number: _____

Home Address: _____ City: _____ State: _____ Zip: _____

E-Mail Address (Home): _____ E-Mail Address (Work): _____

Home Phone: _____ Pager: _____ Mobile#: _____

Occupation: _____

Company Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Bus. Phone #: _____ Fax#: _____ E-mail: _____

In case of emergency please notify:

Name: _____ Relationship: _____

Address: _____ Home Phone: _____ Cell Phone: _____

(Continued)

Please answer the following questions:

1. Have you ever been arrested for a crime other than traffic offenses? Yes or No
If yes, please explain with disposition and dates. _____

***NOTE APPLICANTS CONVEICTED OF A FELONY
ARE INELIGIBLE TO ATTEND THE ACADEMY.**

2. Do you have any special needs that require accommodation in order for you to participate in this program? Yes or No If yes, please list: _____

3. Please state below why you are interested in attending the Greater Madison Area Citizen Police Academy. Please answer thoroughly. _____

4. Do you know any police officers? If so, please list: _____

5. How did you hear about the academy? _____

6. Are you interested in law enforcement as a career? Yes or No
If yes, please explain: _____

7. Please list any community organizations, associations or activities in which you participate

8. List two character references who are not family members or employers:

Name: _____ Home Number: _____

Name: _____ Home Number: _____

I hereby certify that there are **no willful falsifications, omissions, or misrepresentations** in the foregoing statements and answers to the above questions. I understand that any omission or false statement on this application shall be sufficient cause for **rejection** for enrollment or **dismissal** from Greater Madison Area Citizen Police Academy. I also grant permission for the Greater Madison Area Citizen Police Academy to verify the above information contained in this application.

Signature of Applicant

Date

Richmond PD Division of Public Affairs
Officer Willard Reardon
239 West Main Street, Richmond, Kentucky 40475
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Email: wreardon@richmond.ky.us