

**CITIZENS POLICE ACADEMY
APPLICATION**

(MUST BE AT LEAST 21 YRS OLD)

(PLEASE PRINT)

Last name _____ First name _____ Middle _____
Male ___ Female ___ Date of birth _____ SSN # _____
Drivers License number _____

Street address _____
City _____ State _____ Zip _____
Phone _____ Cell # _____ e-mail _____

How long have you lived at present address? _____

Employer _____ Occupation _____
Employer's address _____
Length of employment _____

How did you hear about the Academy? _____

What is your interest or expectation of this Academy? _____

Signature _____ Date _____

MAIL THIS APPLICATION TO:

**Wisconsin Rapids Police Department
ATTN Officer Andy Dewitt
444 West Grand Avenue
Wisconsin Rapids, WI 54495**

Applicants that live, work, or own property in the City of Wisconsin Rapids will be given first consideration.

A background check will be conducted on each applicant. The Wisconsin Rapids Police Department reserves the right to choose individuals that will best represent the interests of the community and Police Department.