



City of Topeka Police Department Citizens' Academy Application



(Also available online at www.topeka.org)

PERSONAL DATA

Name: _____
Last First Full Middle

List all other names you have used, including nicknames and maiden names:

If you have ever used any other surnames, or legally changed your name, please state the time period this occurred and the circumstances. If you have ever legally changed your name, please list date, place, and court:

Date of birth: _____ Place of birth: _____ Age: _____
Drivers License Number: _____ Race: _____
Social Security Number: _____ Gender: Male Female

ADDRESS AND POINT OF CONTACT

Address: _____
Street City State Zip Code

Home Phone: _____ Work Phone: _____

Cellular phone: _____ E-mail address: _____

Please list the name and phone number of a relative or close associate (to be used in the event of an emergency):

Name: _____ Phone Number: _____

EMPLOYMENT INFORMATION

Current Employer: _____

Address: _____
Street City State Zip Code

Job Title: _____ Length of time with current employer: _____

If less than three years please list former employer: _____

AUTHORIZATION TO CONDUCT LAW ENFORCEMENT CHECKS

Have you ever been charged with a felony offense? Yes _____ No _____

Have you ever been convicted of a crime? Yes _____ No _____

If yes, list details pertaining to conviction, including date, place, law enforcement agency, charge, court and disposition

I hereby authorize the City of Topeka Police Department to conduct a criminal history check of law enforcement records as they pertain to me, I understand that this check will include, but not be limited to, any record of charges, prosecutions, or convictions for criminal or civil offenses. This check will be used for the purpose of the City of Topeka Police Citizens Academy application process. My consent is valid for six months from the date authorized below. Any information obtained will be used for the purpose of providing clearance to participate in the City of Topeka Police Citizens' Academy.

Full Name (*typed or printed*)

Full Name (*Signature*)

Date of Authorization

NOTE:

Applicants must live, work, or have an interest in the City limits of Topeka, KS and must be at least 18 years of age. A criminal back ground check will be made on applicants before they are accepted to the academy. Applicants cannot have a felony conviction and cannot have a DUI or drug conviction in the last seven (7) years.

ORGANIZATION MEMBERSHIPS

Please list any organizations or community groups to which you belong:

HOW DID YOU HEAR ABOUT THE CITIZENS' ACADEMY?

MEDICAL

Do you now, or have you ever had a serious illness, or chronic illness, or injury that could preclude you from participating in live firearms training? Yes _____ No _____

If yes, provide details:

SEND APPLICATION TO:

City of Topeka Police Department
Attn: Crime Prevention Unit, Topeka Police Citizens Academy
320 S. Kansas Ave, Suite 100, Topeka, Kansas 66603

For more information call Crime Prevention Unit (785) 368-9497 or e-mail Sgt. Ron Gish at rgish@topeka.org