APPLICATION FOR ENROLLMENT

DEKALB POLICE DEPARTMENT - CITIZEN POLICE ACADEMY

Applicants must be 18 years of age. Incomplete and / or unsigned applications will not be considered.

Submit by E-mail | **Date Submitted:** | Print Form

Document ID: 2 0 2 6 0 6 1 1 1 3 1 8 4 8

Personal Information

Last Name	First Name	MI	Date of Birth	SSN	Georgia Driver's License #

Cell Number	Home Phone Number	Home Address	City	State	Zip Code

E-mail	Are you employed by DeKalb County? How Long?	Are you a resident of DeKalb County? How Long?

EDUCATION

Level of Education	Name and Location of High School

Name and Location of College Attended	Major	Degree

BACKGROUND

Please explain briefly why you wish to enroll in the Dekalb Police Department Citizen Police Academy :

AFFILIATIONS

Are you a member of, or affiliated with, any associations, clubs or organizations:

Criminal History

Have you ever been arrested for, convicted of, or cited for an offense other than traffic fines of $200 or less

REFERENCES

Present Employer	Supervisor	Contact Number	Your Title

Date Hired	Work Address	City	State	Zip Code

Personal Reference	Address	City	State	Zip Code	Phone Number

Personal Reference	Address	City	State	Zip Code	Phone Number

Emergency Contact	Relationship	Phone Number

RECOMMENDATIONS

Were you recommended or advised to apply for enrollment to the Citizen Police Academy ?

If so, By Whom?

Acknowledgement

"I hereby certify that there are no willful misrepresentations, omissions, or falsifications in the forgoing statements and answers to questions. I understand that any omission or false statements on the application shall be sufficient cause for rejection for enrollment or dismissal from the DeKalb Police Department Citizen Police Academy. I understand that there is no charge for the Academy and, if selected for enrollment, pledge the time commitment to attend. I further understand that the DeKalb Police Department will be conducting a thorough background investigation that may include, but not limited to, any criminal history, employment history and/or personal references."

Applicants Name		Date	

Click this Button to
Open The VIPS Criminal History Consent Form

Return the Completed Application to: **Andrea Hunter 770-482-0336**
DeKalb County Police Department, Training Division, 2484 Bruce Street, Lithonia, Georgia 30058

CITIZEN POLICE ACADEMY STAFF USE ONLY

Received by	How was it delivered	Date

Background Check By	Date	Recommend

DeKalb County Police Central Records Section
1960 W Exchange 2nd Floor
Tucker, Georgia 30084
(770) 724-7740

CRIMINAL HISTORY RECORD INFORMATION CONSENT FORM

USE ONLY PURPOSE CODE J

I hereby authorized DeKalb County Police Department
(Agency representative's full name and agency name)
to receive any criminal history record information pertaining to me, which may be in the files of any state or local criminal justice agency in Georgia.

Last Name	First Name	MI	Maiden Name

Date of Birth	Sex	Race	SSN

Home Address	City	State	Zip Code

Applicant Signature _____ Date: _____
(Not valid after more than 90 days)

TO BE COMPLETED AND SIGNED BY CENTRAL RECORDS SECTION PERSONNEL ONLY

○ NO CRIMINAL HISTORY RECORD

Signature Scribble

As of the date and time stated in the above named individual has **NO CRIMINAL HISTORY RECORD** within the files of Georgia Crime Information Center computerized files, This statement of NO RECORD carries the same weight as any dissemination of criminal history record information

Date and time here

○ CRIMINAL HISTORY RECORD

As of the date and time stated the above named individual has **CRIMINAL HISTORY RECORD** within the files of Georgia Crime Information Center computerized files, This statement of RECORD Consists of ____ Pages. See attached printout(s)

Date and time here

Processed By: _____

Title _____ Date: _____