



CITIZEN ACADEMY APPLICATION
SIoux CITY POLICE DEPARTMENT

Name: _____ Sex: _____ Date of Birth: _____
(first/middle/last) (M/F) (Mo/Day/Yr)

Address: _____
(Street) (Apt. #) (City) (State) (Zip)

Home Phone: _____ Work Phone: _____

E-Mail Address: _____

Driver's License State & #: _____ Social Security #: _____

Employer: _____ Occupation: _____

Employer's Address: _____
(Street) (City) (State) (Zip)

Have you ever been arrested for any offense other than traffic? Yes () No ()

If yes, what for? _____ When? _____ Where? _____

I was nominated to attend the Citizen Academy by: _____

If you are selected to attend the Academy there is a \$25.00 administrative fee due prior to orientation. **DO NOT SEND MONEY WITH THIS APPLICATION!**

Please circle your shirt size: S M L XL 2XL

I hereby certify that the information contained in this application is true and complete to the best of my knowledge. I further agree to permit the Sioux City Police Department to conduct a background check of me for past criminal activity, wants, warrants, etc., and such background check must be conducted prior to my participation in the Academy. I further agree that the Sioux City Police Department shall have full discretion to review the background check conducted of me and determine my fitness to participate in the Academy. I further agree to release and discharge the City of Sioux City, Iowa; the Sioux City Police Department; and all of its officers, directors, agents, employees, and representatives for any injury, loss, or damage sustained or incurred arising out of or in any way associated with said background check.

(Signature of Applicant)

(Date)

Return to: Support Services Captain
Sioux City Police Department
601 Douglas Street
Sioux City, IA 51101