



Morristown Police Department Citizen's Police Academy Application



Name: _____ Today's Date: _____

SSN#: _____ - _____ - _____ Race: _____ Gender: _____

Address: _____ D.O.B: ____/____/____

City: _____ State: _____ Zip: _____

Home Phone: (____) _____ - _____ Work Phone: (____) _____ - _____

Email Address: _____

Highest Level of Education: _____

Occupation: _____

Reason you wish to attend:

Have you ever been convicted of a crime other than a minor moving traffic citation (i.e. speeding, red light violation, stop sign, etc.)? If so, please provide details including the crime committed, date and location.

Law Enforcement Use Only:

Criminal History Case Number _____



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References:

Please provide the following information and return along with your completed application. Please provide three personal references that we may contact concerning your application.

1. Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: (____) ____ - _____

Work Phone: (____) ____ - _____

Relationship to applicant: _____

2. Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: (____) ____ - _____

Work Phone: (____) ____ - _____

Relationship to applicant: _____

3. Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: (____) ____ - _____

Work Phone: (____) ____ - _____

Relationship to applicant: _____



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By signing and returning this application, you understand and consent to that the Morristown Police Department will conduct a background investigation prior to acceptance in the Morristown Police Department's Citizens Police Academy.

The background investigation will include a check of all references and a criminal history check.

Applicant Signature

Name (Please Print)

Date

Please return the completed application in one of the following manners:

Email: To Lieutenant Todd King at tking@mymorristown.com
Subject should say CPA Application

Mail: Morristown Police Department
C/O Citizens Police Academy, Training Unit
P.O. Box 1283
Morristown, TN 37816-1283

Submit in Person: 100 W. First North St.
Morristown, TN 37814
Main Level, Police Department Records Division

For Questions: Contact Lt. Todd King (423) 585-4646 or email
tking@mymorristown.com



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Photo Display/Model Release

During my participation in the Citizen's Police Academy, I grant the City of Morristown and the Morristown Police Department the right to print, publish, broadcast, post and/or televise any or all photographic or video images of myself taken by the Morristown Police Department, or its designated agency, for use in commercial advertising, public service announcements, displays, publications and public relations efforts. I further release the City of Morristown and the Morristown Police Department of any and all future claims and rights to these images.

I give the City of Morristown and the Morristown Police Department consent to use my photo.

I do not consent for the City of Morristown or the Morristown Police Department to use my photo.

Applicant Signature

Name (Please Print)

Date