## **Police Academy Application**

Date:		_				
Name:						
(Print) La	st		First		Middle	
Home Addr	ess:					
City:						
Home Phon	e Number:			Cell: _		
Place Of Er	nployment: _					
Work Phon	e Number:					
Gender:	Date	Of Birth: _			-	
Driver Lice	nse: State: _		_ Number:			
Email Addr	ess:				_	
Have you e	ver been conv	victed of a	felony?			
Shirt Size: (	(circle one)	M L	XL	XXL	XXXL	

## CERTIFICATION

I, \_\_\_\_\_\_\_\_ understand that I am requesting enrollment in the Harker Heights Police Department's Citizens Police Academy. I also understand that, as a participant in the program will receive information that is of a sensitive nature and is not intended for general dissemination. I hereby certify that I will not recklessly disseminate information gained through this program or use that information to hinder any law enforcement effort. I also certify that I am at least 17 years of age, I live or work in Harker Heights, I have not been convicted of any felony and I authorize the Harker Heights Police Department to check my records to confirm these facts.

Signature Of Applicant Date

Please file out and mail to the Harker Heights PD, ATTN: Community Services Div., 402 Indian Trail, Harker Heights, TX 76548, or drop it off at the Police Department any time.