Kauai Police Department

Citizens Police Academy Application

Information provided is confidential and for KPD use only

(Please type or print clearly)

Name:_____

Last First Middle Initial

Gender: [ ] Male

[ ] Female

Mailing Address:_____

Street City Zip

Date of Birth:_____ Social Security #:_____

Occupation:_____ Employer:_____

Contact Telephone Numbers:

Home: _____

Business: _____

Mobile: _____

Email Address:_____

How many years of formal education have you completed?

High School – Last Grade Completed:_____

College – Years Completed:_____ Degree/Major:_____

Have you been arrested or convicted of a crime in the last six years? [ ] NO [ ] YES

If yes, pleas explain:_____

_____

_____

Why do you wish to attend the Citizens Academy?

_____

_____

List two persons, not related to you as references:

Name:_____ Name:_____

Address:_____ Address:_____

Phone:_____ Phone:_____

I give the Kauai Police Department permission to verify information provided.

Signature:_____ Date:_____