NICHOLASVILLE POLICE DEPARTMENT

Citizen's Police Academy Application

(Please print all information)

Full Legal Name: _____ _____ _____ _____
Last Name *First* *Middle* *(Maiden)*

Date of Birth: _____ / _____ / _____

Social Security Number: _____ - _____ - _____

Current Address: _____ _____
Street Address *Apt. #*

_____ _____ _____
City *State* *Zip*

Telephone #: _____ _____ - _____ Work Phone #: _____ _____ - _____
(Area Code) *(Area Code)*

School Attending: _____

Employer: _____

Employer Address: _____ _____
Street Address *Apt. #*

_____ _____ _____
City *State* *Zip*

PLEASE READ CAREFULLY:

Your electronic signature on this form indicates you are granting permission for the Nicholasville Police Department to conduct a Criminal History check on you, prior to your participation in the Citizen's Police Academy. It is further agreed that, should this Criminal History check reveal any convictions of a criminal nature or high traffic offense, the Nicholasville Police Department may, at their discretion, disallow your participation in this program. If you have any special needs due to a physical disability, please notify the Nicholasville Police Department or Chief Todd Justice at (859) 885-9467, so that we may make the appropriate accommodations.

Signature: _____ *Date:* _____
Type your First and Last Name

[ ] I understand that checking this box constitutes a legal signature confirming that I acknowledge and agree to the above Terms of Acceptance.

Complete and Return to:

Nicholasville Police Dept.
510 North Main Street
Nicholasville, Kentucky 40356

Or Email to:
kevin.grimes@nicholasville.org, or
police@nicholasville.org