



# NICHOLASVILLE POLICE DEPARTMENT

## *Apprentice Police Academy Application*

(Please print all information.)

Full Legal Name: \_\_\_\_\_  
  First  Middle  Last

Date of Birth: \_\_\_\_\_ Age \_\_\_\_\_

Current Address: \_\_\_\_\_  
  Street Address  Apt. #  
\_\_\_\_\_  
  City  State  Zip

Telephone #: \_\_\_\_\_ - \_\_\_\_\_  
  (Area Code)

Email Address: \_\_\_\_\_

School Attended: \_\_\_\_\_

Current Grade: \_\_\_\_\_

Guardian Name: \_\_\_\_\_  
  First  Middle  Last

Address: \_\_\_\_\_  
  Street Address  Apt. #  
\_\_\_\_\_  
  City  State  Zip

Date of Birth: \_\_\_\_\_ Telephone #: \_\_\_\_\_ - \_\_\_\_\_  
  (Area Code)

.....  
**PLEASE READ CAREFULLY:**

*Your signature on this form indicates you are granting permission for the Nicholasville Police Department to conduct a Background check on you, prior to your participation in the Apprentice Police Academy. It is further agreed that should this Background check reveal any areas of concern, 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 Officer Adam Teater at (859) 885-9467, so that we may make the appropriate accommodations.*

Participant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_