



# 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)*

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

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.**  
**717 North Main Street**  
**Nicholasville, Kentucky 40356**  
**(859) 885-9467**