



**JACKSON CITY/COUNTY  
CITIZEN POLICE ACADEMY  
APPLICATION FOR ADMISSION**



Name: \_\_\_\_\_

Address: \_\_\_\_\_  
street address city zip

Phone: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
home cell

Driver's License #: \_\_\_\_\_

Resident of: \_\_\_\_\_ Length of time: \_\_\_\_\_  
(city/township)

Explain briefly why you wish to be enrolled in the Citizen's Police Academy. \_\_\_\_\_  
 \_\_\_\_\_

Please list any associations, clubs, or organizations you belong to: \_\_\_\_\_  
 \_\_\_\_\_

Have you ever been arrested for, convicted of, or cited for an offense other than traffic?  
 \_\_\_\_\_ Yes \_\_\_\_\_ No If yes, please explain in detail listing dates, charges, and action  
 taken. \_\_\_\_\_  
 \_\_\_\_\_

Have you ever been fired or asked to resign from any job in the last five years? \_\_\_\_\_  
 If yes, please explain. \_\_\_\_\_  
 \_\_\_\_\_

**EMPLOYMENT**

List information on your last 2 jobs (please state if retired, unemployed, homemaker, etc.)

Present employer: \_\_\_\_\_ Supervisor: \_\_\_\_\_

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

Phone: \_\_\_\_\_ Date of hire: \_\_\_\_\_ Title: \_\_\_\_\_

Previous employer: \_\_\_\_\_ Supervisor: \_\_\_\_\_

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

Phone: \_\_\_\_\_ Date of hire: \_\_\_\_\_ Title: \_\_\_\_\_

References: \_\_\_\_\_  
\_\_\_\_\_

List any immediate family member or close friend who can be contacted in the event of an emergency. Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_ Phone #: \_\_\_\_\_

Please review your answers carefully and read the statement below before signing this application.

“I hereby certify that there are no willful misrepresentations, omissions, or falsifications in the foregoing statements and answers to the questions. I understand that any omission or false statements on this application shall be sufficient cause for rejection for enrollment or dismissal from the Citizen Police Academy.”

“I authorize the Jackson County Office of the Sheriff and/or the Jackson Police Department to investigate all statements contained in the application, including disciplinary records of any former employers, police departments, and other references or sources concerning me. I authorize all such references and sources to release this information without liability for damage incurred in giving it. I waive any written notice of the release of such records that may be required by state or federal law. ”

“I also understand that, if selected, I will be required to sign a waiver of liability prior to participating in this program.”

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

Please return completed application to:

Jackson Police Department  
216 E. Washington  
Jackson, MI 49201

Deputy Chief Elmer Hitt  
(517) 768-8721

\* The Citizen Police Academy is instruction designed to give the public a working knowledge of the police department’s personnel and policies. This program is not intended solely for those looking to start a career in law enforcement, nor does it qualify participants to work in the law enforcement field.