



Salinas Community Police Academy Application



PERSONAL INFORMATION		
APPLICANT NAME	DATE OF BIRTH	DRIVERS LICENSE #
OTHER NAMES USED (AKA'S, NICKNAMES, MAIDEN NAME)		
HOME ADDRESS, (INCLUDE CITY, ZIP)		
MAILING ADDRESS (IF DIFFERENT THAN HOME ADDRESS)		
HOME PHONE	WORK PHONE	CELL PHONE
EMAIL ADDRESS		

EMPLOYMENT INFORMATION (IF A QUESTION DOES NOT APPLY TO YOU, MARK WITH "N/A")		
EMPLOYER		
ADDRESS (INCLUDE CITY, ZIP)		
ADDITIONAL QUESTIONS (Continue on Page 2)		
Length of Residency in Salinas:	Years	Months
Educational Background:		
You may miss only one of twelve sessions. Are you willing to make such a commitment? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Participation in the Salinas Police Community Academy is voluntary. I hereby authorize the Salinas Police Department to conduct a criminal records check to determine eligibility to participate.		
SIGNATURE	DATE	

Please return completed application to:
Sergeant Steve Sparks
Salinas Police Department Community Services
312 E. Alisal Street, Salinas, CA 93901 Ph: (831)758-7271 Fax: (831)775-4281

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ADDITIONAL QUESTIONS <i>(CONTINUATION PAGE)</i>
How did you hear about the Community Police Academy?
Have you ever had any adverse contact with law enforcement? If so, please explain.
Why are you interested in attending the Community Police Academy?
Have you ever attended a Community Police Academy? If so, please give dates and location.
Do you have any friends or relatives that have attended any of the previous academies? If so, please list them below.