

CITIZENS ACADEMY

GARDEN CITY POLICE DEPARTMENT

OFFICIAL USE ONLY

Officer who collected application:

Officer conducting background:

Background

Fingerprints

Date :

D D M M Y Y

Date :

D D M M Y Y

Approved Denied

PERSONAL INFORMATION

First Name :

Last Name :

Date Of Birth :

D D M M Y Y

Full Address :

City / Country :

Zip Code :

E-Mail :

Driver License : Yes No

Gender : Male Female

Driver License # :

Phone Number :

EMPLOYMENT

Business Name :

Full Address :

City / Country :

Zip Code :

BACKGROUND

Y N

If yes to any questions, please explain...

Have you received a traffic violation in the past 10 years?

Have you been convicted of a crime?

Have you been arrested as an adult?

Have you been arrested as a juvenile?

Please list any/all associations, clubs and/or organizations that you are associated with.

Please provide a short narrative as to why you'd like to attend our program.

I hereby certify that there are no willful misrepresentations, omissions, or falsifications in the foregoing statements, and answers. I understand that any false statements or omissions may result in a rejection for enrollment in the program. I further agree that the Garden City Police Department will be conducting a basic background check. This check will include but is not limited to a criminal history check, driver license check, and basic background inquiry. I hereby authorize the Garden City Police Department to conduct these inquiries. I understand that these inquiries shall remain confidential, and the results shall remain the sole property of the Garden City Police Department.

Applicants Name Printed:

Applicants Name Signed:

Date Signed:



**Please return to:
Garden City Police Department- CRO
6000 Middlebelt Rd
Garden City, MI 48135
734-793-1728**

THANK YOU FOR YOUR INFORMATION