



# Laurel Police Department

Russell E. Hamill, III  
Chief of Police

## Citizens Police Academy Application

### Applicant Information

Full Name: \_\_\_\_\_ Date: \_\_\_\_\_  
*Last (Include any Maiden or Former Name Used) First M.I.*

Address: \_\_\_\_\_  
*Street Address Apartment/Unit #*  
\_\_\_\_\_  
*City State ZIP Code*

Phone: \_\_\_\_\_ Email \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Social Security No.: \_\_\_\_\_  
Driver's License Number: \_\_\_\_\_ State of License \_\_\_\_\_ Class of License: \_\_\_\_\_

Have you ever been convicted of any felony of any misdemeanor involving weapons or violence? YES NO

If YES, please explain? \_\_\_\_\_

Is your driver's license valid? YES NO

### Education

High School: \_\_\_\_\_ Address: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Did you graduate? YES NO Diploma: \_\_\_\_\_

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

From: \_\_\_\_\_ To: \_\_\_\_\_ Did you graduate? YES NO Degree: \_\_\_\_\_

### Questions

Why do you wish to attend the Laurel Police Citizens Academy?

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Do you have any affiliation with any law enforcement agency, if yes, please explain?

\_\_\_\_\_  
\_\_\_\_\_

**Place of Employment**

Company: \_\_\_\_\_ Phone: \_\_\_\_\_

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

Job Title: \_\_\_\_\_ :

Responsibilities: \_\_\_\_\_

May we contact your previous supervisor for a reference?      YES      NO  
        

Supervisor's Email: \_\_\_\_\_

**Military Service (If Applicable)**

Branch: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_

Rank at Discharge: \_\_\_\_\_ Type of Discharge: \_\_\_\_\_

If other than honorable, explain: \_\_\_\_\_

**Disclaimer and Signature**

*I certify that all statements made on this application are true and complete. I authorize an individual, company, organization or institution to release any and all information concerning statements made by me on this application , and I do hereby release all parties and individuals connected therewith from liabilities for any damages whatsoever incurred in furnishing such information. I agree and understand that any deliberate misstatement or omission of material facts may disqualify me to attend the Laurel Police Citizen's Academy. My signature below (electronic signature) acknowledges my understanding and agreement with material provided.*

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