ASHEBORO POLICE DEPARTMENT
CITIZEN'S ACADEMY APPLICATION

Asheboro Police Department Citizen's Academy is designed to give you greater insight into the Asheboro Police Department and the men and women who serve your community. Please complete this document legibly then return by either method on page two. Incomplete and/or applications not legible will not be considered.

PERSONAL INFORMATION

Name _____

Address/City/State _____

Preferred Phone _____ E-Mail _____

Social Security Number * _____ Date of Birth _____

* The Social Security Number is used to make positive identification of the applicant. DISCLOSURE IS VOLUNTARY. However, failure to provide this information may result in delay in processing of application and may result in inaccurate records being processed to you.

Drivers License Number _____ Drivers License State _____

Are you a resident of Asheboro? _____ Do you work in Asheboro? _____

Current Occupation/School _____

Current Place Employment/School _____

Address/City/State _____

Phone _____

BACKGROUND

NOTE: You will be disqualified from joining the Citizen's Academy if any of the following apply and will also be grounds for dismissal from the program should you be approved. Any criminal convictions involving a Class A-G Felony. Any criminal convictions involving a Class H-I Felony within the last 15 years. Domestic violence criminal convictions within the last 10 years. Driving While Impaired or Driving While Licenses Revoked convictions within the last 5 years. Misdemeanor class convictions and time frames: Class A1 Misdemeanors within 10 years, Class 1 Misdemeanors within 5 years, Class 2 and 3 Misdemeanors within 3 years. Three or more traffic convictions during the last 18 months: examples would be speeding, careless and reckless driving, etc.

Have you ever been convicted of a crime? _____

If yes, give date and explain: _____

_____

_____

List any community organizations you are a part of or community activities that you participate in:

Briefly explain why you wish to participate in the Asheboro Police Department Citizen's Academy:

EMERGENCY CONTACT

Person to contact in event of an emergency

Phone Number One

Phone Number Two

REFERENCES

	Name	Phone Number	Relationship
Reference 1			
Reference 2			

ACKNOWLEDGEMENT

Read the following statement before signing this application: I acknowledge that all the information provided on this application is true and accurate. I also understand that any misrepresentation or falsification of information will result in my denial or removal from the Asheboro Police Department Citizen's Academy. I further understand that the Asheboro Police Department will be conducting a background investigation that might include, but may not be limited to, any criminal history, employment history, and personal references. Please note that all records held by the Asheboro Police Department are subject to North Carolina's public records laws.

Signature

Date

RETURN THIS FORM:

MAIL or HAND DELIVER TO:
Asheboro Police Department
Community Resources Team
Attn: Special Operations Lieutenant
205 East Academy Street Asheboro, NC 27203

SCAN COMPLETED FORM AND EMAIL TO:
Lieutenant Greg Routh at grouth@ci.asheboro.nc.us