Community Academy Application

Last Name:	First Name:	Middle Initial:
Address:	City:	Zip:
Sex:	Cell Phone:	Email:
Occupation:	Date of Birth:	Driver Licenses Number/State Id. #:
District of Residence :	District of Recommendation:	Employer:

Tell us more about why you would like to attend the Chicago Police Community Academy:

A background review may be conducted on each applicant and the Chicago Police Department reserves the right to deny entry to the Academy based on the background review.

I affirm that all information on the above application is true and I authorize the Chicago Police Department to conduct a background review based on this application:

Signature:	Date:

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