



1250 OLD ELIZABETHTOWN RD, HODGENVILLE. KENTUCKY 42748 PHONE (270) 491-5357

Last Name: _____ First: _____ Middle: _____

Hodgenville Police Department Citizens Police Academy Application

Street Add	dress:	
City:	State:	Zip Code:
Phone Nu	mber:	_Date of Birth:
Occupatio	on:	
	Citizens Police	Academy Requirements
	for acceptance. You must not have you. Applicants must be willing to sign and the Hodgenville Police Depa You should make every effort to	ion will be considered on an individual basis we any criminal or civil actions pending against on a waiver releasing the City of Hodgenville or truent from any liability or injury. To attend all classes and give notice to the lif you are unable to attend an evening.
Police Aca		Hodgenville Police Department's Citizens ille Police Department to do a records check
Signature	of Applicant:	Date:

James Richardson SGT Terry Riley SGT Kevin Bennett CPL Roland Howard Chief A Squad School Resource B Squad