

**Beaverton Police Department
CITIZENS ACADEMY APPLICATION**

Applicant's Name: (Last)			(First)			(Middle)		
Other Names Used:								
Address:								
City:			State:			Zip:		
Employer:				Occupation:				
Employer Address:								
Employer City:			State:			Zip:		
Home phone: ()			Work phone: ()					
Cell phone: ()			Email address:					
Driver's License #:			State Licensed:			SSN#:		
Date of Birth: (mm/dd/yyyy) _ _ / _ _ / _ _ _ _ (Must be 18 yrs)						Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> X		
<i>In the event of an emergency please contact:</i>								
Name:					Phone number: ()			
Address:					Relationship:			
How did you hear about our Citizens Academy?								
Why do you want to attend?								
Criminal History: Have you ever been arrested and/or convicted of a crime? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, please explain briefly:								
PERMISSION TO CONDUCT A BACKGROUND INVESTIGATION								
As an applicant for the Beaverton Police Department Citizens Academy, I hereby authorize the Beaverton Police Department to conduct a criminal history background investigation. I understand that this criminal history check is being conducted due to the nature of the classes at the Citizens Academy.								
I understand that all available police and criminal records will be checked and that the information will be used in determining eligibility of applicants for the Citizens Academy. All information is to remain confidential as required by Oregon and federal statutes.								
I understand that space is limited for students to participate in the Citizens Academy. Therefore, I agree to attend at least 8 of the 10 scheduled sessions. Additionally, I agree to arrive promptly, and to complete and return the evaluation forms provided for each session.								
Signature of Applicant						Date		