



HEALDSBURG COMMUNITY POLICE ACADEMY

NAME: _____

ADDRESS: _____

CONTACT PHONE: _____ EMAIL ADDRESS: _____

CALIFORNIA DRIVERS LICENSE NUMBER: _____

DATE OF BIRTH: _____ OCCUPATION: _____

REASON FOR PARTICIPATION IN CITIZENS ACADEMY: _____

DO YOU KNOW ANYONE INVOLVED IN LAW ENFORCEMENT? : _____

HAVE YOU EVER BEEN ARRESTED/CONVICTED OF A CRIME? ___NO ___YES

IF YES, WHEN, WHERE AND WHAT FOR: _____

PLEASE PROVIDE THE NAME, ADDRESS AND PHONE NUMBERS OF TWO CHARACTER REFERENCES:

1. _____

2. _____

I give the Healdsburg Police Department permission to conduct a background check.

Print Name: _____ ***Signature:*** _____ ***Date:*** _____

NOTE: Class size is limited. Residents and citizens who work in Healdsburg will be given first priority. Applications may be delivered to the Healdsburg Police Department or email to Sgt. Nick Castaneda at ncastaneda@ci.healdsburg.ca.us