

REFERENCES: Please provide 3 non-relative references.

1. _____
Name Address
Phone Number _____ Email Address _____
Relationship to Applicant _____

2. _____
Name Address
Phone Number _____ Email Address _____
Relationship to Applicant _____

3. _____
Name Address
Phone Number _____ Email Address _____
Relationship to Applicant _____

Have you ever been arrested and/or convicted of a crime? Yes / No (circle one). If yes, please explain, including arresting agency, address, and date. Attach additional pages, if necessary:

Are you a member of any organizations (i.e. civic clubs, community organizations, block-watch, etc.)? Yes / No

Why do you wish to attend the citizen police academy?

- All applicants meeting the requirements for the Academy will be considered. Class size is limited. The Police Department reserves the right to decline any applicant.
- Successful completion of this Academy DOES NOT provide any professional certifications or licenses.
- Providing false information on this application will be grounds for non-admittance to or dismissal from the Academy.
- Students will be required to adhere to current COVID-19 guidelines.

I give my permission to the Strongsville Police Department to conduct a background check to determine if I have a criminal record and meet the requirements of entry into the City of Strongsville Citizen Police Academy.

Signature _____ Date _____