



NICHOLASVILLE POLICE DEPARTMENT

Citizen's Police Academy Application



(Please print all information)

Full Legal Name: _____

Last Name
First
Middle
(Maiden)

Date of Birth: _____/_____/_____

Social Security Number: _____-_____-_____

Current Address: _____

Street Address
Apt. #

City
State
Zip

Telephone #: _____ - _____ Work Phone #: _____ - _____

(Area Code)
(Area Code)

School Attending: _____

Employer: _____

Employer Address: _____

Street Address
Apt. #

City
State
Zip

PLEASE READ CAREFULLY:

Your signature on this form indicates you are granting permission for the Nicholasville Police Department to conduct a Criminal History check on you, prior to your participation in the Citizen's Police Academy. It is further agreed that, should this Criminal History check reveal any convictions of a criminal nature or high traffic offense, the Nicholasville Police Department may, at their discretion, disallow your participation in this program. If you have any special needs due to a physical disability, please notify the Nicholasville Police Department or Chief Barry Waldrop (859) 885-9467, so that we may make the appropriate accommodations.

Signature: _____ Date: _____

*** This Waiver block MUST BE signed or your application will automatically be disqualified.**

Complete and Return to: **Nicholasville Police Dept.**
510 North Main Street
Nicholasville, Kentucky 40356
(859) 885-9467