



## CITIZEN ACADEMY APPLICATION

Date: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ DOB: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

Occupation: \_\_\_\_\_ Employer: \_\_\_\_\_

Are you a US resident? \_\_\_\_\_

Are you a Park City / Summit County resident? \_\_\_\_\_

Are you now, or will you be, 18 years or older when class begins? \_\_\_\_\_

Do you have a valid driver's license? \_\_\_\_\_ Which state? \_\_\_\_\_

Have you ever been arrested? \_\_\_\_\_

If yes, briefly describe: \_\_\_\_\_

\_\_\_\_\_

Do you have any physical condition we need to be made aware of? \_\_\_\_\_

If yes, please explain: \_\_\_\_\_

Are you willing to sign a waiver of liability? \_\_\_\_\_

If you have any special needs, please inform us so we can attempt to accommodate.

Prior to acceptance, applications will be screened for prior criminal offenses. A Felony conviction will automatically disqualify any applicant from the academy. By signing below, you signify that you understand a background check will be completed, and that all information on your application is true and correct. Any application containing false information will be automatically rejected.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please return this application to:      Park City Police Department  
2060 Park Avenue, P.O. Box 1480  
Park City, Utah, 84060  
Officer Terry Knechtel