



Rochester Police Department Citizens Police Academy Application

Academy dates April 16th – June 18th, 2020
(Thursday evenings from 7pm to 9pm)

Please print answers to all questions

APPLICANT INFORMATION		
Name:		
Date of birth:	Phone:	ZIP Code:
Current address:		
City:	State:	MI Driver License#:
Email:		

EMERGENCY CONTACT		
Name:		
Address:		Phone:
City:	State:	ZIP Code:
Relationship:		

EMPLOYMENT		
Occupation and Employer:		
Employer's Address:		Phone:
City:	State:	ZIP Code:
If self-employed, retired or student please specify:		

Briefly explain why you would like to attend the Rochester Citizens Police Academy:

(Application continues on page 2)

Have you ever been convicted of a crime? Yes No

If yes please list offense(s), date(s) and department involved:

List any current community involvement, clubs, organizations or interests: _____

Application Approval:

Applicants must be a minimum of 18 years of age, never convicted of a felony or violent misdemeanor and have no misdemeanor convictions within the last two years. Class size is limited and restricted to city residents, business owners or those who work within the City of Rochester. Portions of this academy may include physical activities during hands-on scenarios and may require extended periods of standing or walking.

“I hereby certify that there are no willful misrepresentations, omissions or falsifications in the forgoing statements and answers to questions. I understand that any omission or false statements on this application shall be sufficient cause for rejection for enrollment or dismissal from the Rochester Citizens Police Academy. I further understand that the Rochester Police Department will be conducting a background investigation that may include, but not be limited to criminal history, employment and volunteer history. For the protection of all involved parties, I understand that the Rochester Police reserve the right to perform a background check on all applicants and deny course admittance based on said results.”

Applicant Signature: _____ Date: _____

**Please return this application by mail or in person to:
Rochester Police Department
400 Sixth St., Rochester, MI 48307**