



Ontario Police Department Citizen's Academy Application

Please print legibly. State name exactly as printed on driver's license

Name: _____ Phone: _____
(Last) (First) (Middle)

Address: _____ City: _____ Zip: _____

DOB: _____ CDL/CID _____ Ontario Resident : Yes No
(Mandatory) (Mandatory)

Email Address: _____

Occupation: _____ How Long: _____

Name and Address of Employer: _____

Have you had any arrests or convictions which you believe might disqualify you from participating in the Citizen's Academy? If yes, please explain: _____

List community interest, clubs, professional memberships, etc.: _____

How did you hear about the Citizen's Academy: _____

List three personal references, not relatives, known at least one year:

Name: _____ Years known: _____

Address: _____ Phone: _____

Name: _____ Years known: _____

Address: _____ Phone: _____

Name: _____ Years known: _____

Address: _____ Phone: _____

What are your reasons for wanting to attend the Citizen's Academy: _____

I certify that all statements on this form and any attachments are true and complete to the best of my knowledge and belief. I understand that any falsification of the information in this form and attachments may, if I am accepted, be considered grounds for immediate dismissal. I understand all statements are subject to verification through a background check at the Ontario Police Department. Submission of application does not guarantee acceptance into the Academy.

Signature: _____ Date: _____