

**Hartselle Police Department
Citizen's Police Academy
Application for Enrollment**

Name: _____

Address: _____

City, State, Zip Code: _____

Telephone Number: _____

Date of Birth: _____ Social Security Number: _____

Drivers License Number: _____

Employer: _____

Business Phone: _____

Email Address: _____

Please list any associations, clubs, or organizations you belong to: _____

Have you ever been arrested for, convicted of, or cited for an offense other than a minor traffic offense?
Yes _____ No _____

If yes, please explain in detail, listing dates, charges, places, and action taken.

I _____ hereby acknowledge that I have completed the above information completely and accurately. I understand and give my permission to the Hartselle Police Department to conduct a background investigation to determine my suitability for admission to this program.

Signature: _____ Date: _____

Complete and return to: **Captain Tom Sparks**
Hartselle Police Department
150 Chestnut St. NW
Hartselle, AL 35640

For more Information please call Captain Tom Sparks at (256) 751-4912 or via email at tsparks@hartselle.org