



APPLICATION FOR ENROLLMENT

FOX LAKE POLICE DEPARTMENT CITIZENS POLICE ACADEMY FALL 2018

Last	First	Middle
Driver's License Number	Date of Birth	Email Address
Best Contact Number	Additional Contact Number	Employer Business Name & Telephone Number
Address	City and Zip Code	Shirt Size: (Check One) <input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> L <input type="checkbox"/> XL

Emergency Contact Name: _____ **Phone Number:** _____

Please list any medications/allergies/and/or accommodations instructors may need to be aware of:

HAVE YOU EVER BEEN CONVICTED OF A MISDEMEANOR OR FELONY OR ARE YOU CURRENTLY ON PAROLE OR PROBATION? (A BACKGROUND CHECK WILL BE CONDUCTED ON EACH APPLICANT. ANY INTENTIONAL MISREPRESENTATION WILL BE GROUNDS FOR IMMEDIATE DISMISSAL)

NO **YES** – (if yes please explain):

I, _____ hereby acknowledge that I have completed the above information fully and accurately. I understand and give my permission, with respect to the Fox Lake Police Department, to conduct a background investigation to determine my suitability for admission to this program.

Signature

Date

**COMPLETE AND RETURN TO:
CONTACT: CPA CLASS
FOX LAKE POLICE DEPARTMENT
301 S. RT 59
FOX LAKE, ILLINOIS 60020**

**FOR FURTHER INFORMATION PLEASE
SERGEANT MONSEN
TELEPHONE: 847-587-3933**

Special note Attendance to **8 of the 10** sessions will be required in order for you to receive a graduation certificate.