



CITY OF OCONOMOWOC CITIZENS POLICE ACADEMY APPLICATION FORM

LAST NAME: _____ FIRST NAME: _____ MIDDLE INITIAL: _____

DRIVER'S LICENSE #: _____ DATE OF BIRTH: _____ SEX: _____

M F

STREET ADDRESS: _____

CITY, STATE AND ZIP: _____

DAY PHONE: _____ NIGHT PHONE: _____

EMAIL ADDRESS: _____

HAVE YOU EVER BEEN ARRESTED FOR ANYTHING OTHER THAN A MINOR TRAFFIC VIOLATION?

_____ YES (EXPLAIN BELOW) _____ NO

PHYSICAL CONDITION? _____ GOOD _____ LIMITED (PLEASE EXPLAIN)





“I WANT TO ATTEND THE CITIZEN’S ACADEMY BECAUSE...”

HAVE YOU EVER ATTENDED A CITIZENS POLICE ACADEMY IN THE PAST?

(Please include dates and locations below)

_____ YES _____ NO

EMERGENCY CONTACT:

NAME: _____

CONTACT #: _____

RELATIONSHIP: _____

I understand that a background investigation will be conducted upon submission of this application. Any criminal convictions, previous actions which could reflect negatively on the City of Oconomowoc, Village of Summit, Village of Oconomowoc Lake, or Town of Oconomowoc Police Departments, any suggestion that I might be a security risk, or any attempt to deceive or conceal pertinent information, will be cause for denial of this application.

SIGNATURE: _____ DATE: _____

MAIL OR DROP OFF COMPLETED AND SIGNED APPLICATION TO:

**CITY OF OCONOMOWOC POLICE DEPARTMENT
ATTN: Officer Rocco Bartolotta
630 E. WISCONSIN AVE
OCONOMOWOC, WI 53066**