

**Mooresville Police Department  
Citizens Police Academy Application  
750 W Iredell Avenue  
Mooresville, North Carolina 28115**

Today's Date: \_\_\_\_\_

Full Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

e-mail address: \_\_\_\_\_

Employer: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Occupation: \_\_\_\_\_

In case of emergency, please notify:

Name: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Have you ever been arrested for a crime other than a traffic offense?  Yes  No

If you answered yes, please explain including dates and disposition:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**NOTE: APPLICANTS CONVICTED OF A FELONY ARE INELIGIBLE TO ATTEND.**

Do you have a valid driver's license?  Yes  No

Are you 18 years of age or older?  Yes  No

Do you have any special needs that would require accommodations in order for you to participate in this program?

Yes  No

If yes, please explain...

How did you hear about our Citizen's Academy? \_\_\_\_\_

Do you know any employees of this police department? \_\_\_\_\_

Why are you interested in attending the Citizens Police Academy?

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Please list any community activities or organizations in which you participate on a regular basis:

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List three character references that are not family members or employers:

1 Name: _____	Work Phone: _____
Home Phone # _____	Cell Phone: _____
2 Name: _____	Work Phone: _____
Home Phone # _____	Cell Phone: _____
3 Name: _____	Work Phone: _____
Home Phone # _____	Cell Phone: _____

I hereby certify that there are no willful falsifications, omissions or misrepresentations in the foregoing statements and answers to questions. I understand that any omission or false statement on the application shall be sufficient cause for rejection for enrollment or dismissal from the Mooresville Police Department's Citizens Police Academy. I also grant permission for the Mooresville Police Department to verify the above information contained on this application and check for prior criminal history.

Signature of Applicant: \_\_\_\_\_

Date of Signature: \_\_\_\_\_

**COMPLETED APPLICATIONS MUST BE SUBMITTED TO ACADEMY DIRECTOR  
ACADEMY LIMITED TO FIRST FIFTEEN CANDIDATES**