



MARTINEZ COMMUNITY POLICE ACADEMY



NAME: _____

ADDRESS: _____

HOME PHONE: _____ CELL PHONE: _____

EMAIL ADDRESS: _____

CALIFORNIA DRIVERS LICENSE NUMBER: _____

DATE OF BIRTH: _____ OCCUPATION: _____

REASON FOR PARTICIPATION IN CITIZENS ACADEMY: _____

DO YOU KNOW ANYONE INVOLVED IN LAW ENFORCEMENT? : _____

HAVE YOU EVER BEEN ARRESTED/CONVICTED OF A CRIME? NO YES

IF YES, WHEN, WHERE AND WHAT FOR: _____

PLEASE PROVIDE THE NAME, ADDRESS AND PHONE NUMBERS OF TWO CHARACTER REFERENCES:

1. _____

2. _____

SHIRT SIZE (S, M, L, XL, 2XL)

I give the Martinez Police Department permission to conduct a background check.

Print Name: _____ *Signature:* _____ *Date:* _____

NOTE:

Class size is limited. Residents and citizens who work in Martinez will be given first priority. Applications may be mailed or delivered to: Martinez Police Department
Community Academy ATTN: Sergeant Fred Ferrer
525 Henrietta St.
Martinez, CA 94553
(925) 372-3446