



CHINO POLICE DEPARTMENT

CITIZEN ACADEMY

APPLICATION

Name: _____ **Date of Birth:** _____
Last First M.I.

Address: _____
Street City Zip

Home Phone: _____ **Work Phone:** _____

E-mail Address: _____

Employer: _____
Name of Business Address City

Supervisor Information: _____
Name Phone Number

California Driver's License #: _____ **Social Security #:** _____

How did you hear about the Academy? _____

Do you have any relatives in Law Enforcement? _____

Have you ever worked, or applied for employment, with the City of Chino? _____

If yes, please explain: _____

Have you ever been arrested? _____

If yes, please explain (include dates): _____

Have you ever been convicted of a felony? _____

If yes, please explain (include dates): _____

Please list three references that we may contact in order to conduct a background check.

Name	Address	Phone	Relationship
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Name	Address	Phone	Relationship
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Name	Address	Phone	Relationship
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Why are you interested in attending the Citizen Academy? _____

By signing below, the applicant consents for the Chino Police Department to conduct a limited background check. In addition, the applicant acknowledges that they are responsible for abiding by the Citizen Academy policies and procedures, which includes that the applicant will miss no more than two class sessions and will not use the Academy as a forum to express their political agenda. Violation of the above will be cause for dismissal from the program.

Signature: _____ **Date:** _____

**Please return to: Chino Police Department
13250 Central Avenue
Chino, CA 91710
ATTN: Leah Green – Crime Prevention Unit
Office: (909) 464-0783
E-mail: lgreen@chinopd.org
Fax: (909) 590-0564**