



Community Police Academy Application



Thank you for your interest in becoming a part of the Oklahoma City Police Department Community Police Academy. The Community Police Academy is a 10 week program, which meets on Tuesday evening from 6:00p.m. - 9:00 p.m. Attendance is the most important factor in reaching the desired goal of the program. Absences are permitted; however, attendance is encouraged.

Name (Last/First/ Middle): _____ Age: _____ Date of Birth: _____
 Race/Sex: _____
 Address: _____ City: _____ State: _____ Zip: _____
 Cell Phone: _____ Work Phone: _____
 Place of Employment: _____ Email Address: _____
 Business Address: _____ City: _____ State: _____ Zip: _____

Criminal History and Driving Record

Oklahoma Drivers License Number: _____
 Has your license ever been suspended or revoked? Yes: _____ No: _____
 Have you ever been convicted of a crime? (excluding a traffic offense) Yes: _____ No: _____
If yes, please provide information, such as date of arrest, charge, and disposition of case:

Signature of Acknowledgment

I certify that all statements made on this application are true and complete. I understand that I may be rejected for submitting incomplete or false information. I hereby authorize the employees of the Oklahoma City Police Department to make an examination of the above information for the purpose of evaluating my application.

IMPORTANT: This training is not designed to certify participants to perform law enforcement services. The purposes is to enhance community relations and to provide individuals with insights into the criminal justice system.

By signing, I am saying that I agree to the provisions of this release.

Signature: _____ Date: _____

**Oklahoma City Police Department
 Training Center
 800 N. Portland Avenue
 Oklahoma City, Oklahoma 73107
 (405) 297-1110 Fax (405) 316-1110**

***All applicants must either
 reside or work in
 Oklahoma City to be
 considered. Must be
 18 years old or older to attend***