



Parsons Police Department  
Citizen Academy  
Application



**NAME:** \_\_\_\_\_

**DOB:** \_\_\_\_\_ **SOCIAL SECURITY #:** \_\_\_\_\_

**HOME ADDRESS:** \_\_\_\_\_

**CITY/STATE/ZIP:** \_\_\_\_\_

**HOME PHONE:** \_\_\_\_\_ **EMAIL:** \_\_\_\_\_

**OCCUPATION:** \_\_\_\_\_

**BUSINESS NAME:** \_\_\_\_\_ **BUSINESS #** \_\_\_\_\_

**BUSINESS ADDRESS:** \_\_\_\_\_

**CITY/STATE/ZIP:** \_\_\_\_\_

**Do you have any law enforcement experience? (If yes, please explain.)**  
\_\_\_\_\_  
\_\_\_\_\_

**Please List one character reference:**

**Name:** \_\_\_\_\_ **Title:** \_\_\_\_\_

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

**City/State/Zip** \_\_\_\_\_

**Occupation:** \_\_\_\_\_

**Home Phone:** \_\_\_\_\_ **Business phone** \_\_\_\_\_

**Years Acquainted:** \_\_\_\_\_ **How are you acquainted:** \_\_\_\_\_

**Have you ever been convicted of a felony crime? \_\_\_\_\_ If yes, please provide date and pertinent details. \_\_\_\_\_**

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**Reason for wanting to attend the Citizen Police Academy: \_\_\_\_\_**

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**Please indicate whether you can attend a future session if class space is not available for this session. Yes \_\_\_\_\_ No \_\_\_\_\_**

**In signing this application, I consent to a criminal history and background check by the Parsons Police Department and/or by any of its employees or designees. I affirm that the above information is true and correct.**

**Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_**

**Participants MUST be at least 18 years of age, live, work or attend school in Parsons, Kansas. Class limit 20, and is based on a first come first serve.**

**PLEASE RETURN COMPLETED APPLICATION TO:**

Assistant Chief Dennis Dodd

217 N. Central

Parsons, KS 67357

1-620-421-7060