

SOUTHAVEN POLICE DEPARTMENT
Citizens Police Academy 2015



PERSONAL

Name (Last, First, Middle) Race / Sex Date of Birth

Street Address City, State, Zip

Driver's License or I.D. Number State Issued SS Number (last four digits)

Bus. Phone Home Phone Cell E-Mail

BACKGROUND

Please explain briefly why you wish to be a volunteer for the Southaven Police Department:

Have you ever been arrested for, convicted of, or cited for an offense other than traffic violations? _____ Yes
_____ No If Yes, on a separate sheet of paper explain in detail showing dates, charges, places, and actions taken

EMPLOYMENT

Are you Retired? _____ Yes _____ No If Yes, , please fill out Previous Employer Information

Present Employer Supervisor Your Title

Address Phone Date Hired

Length of Employment (years): _____

EMERGENCY CONTACT

Name Relationship

Address Home Phone Work Phone Cell

Do you have any law enforcement experience? _____ If Yes , describe _____

Applicant's
Signature _____ Date _____

Attach Photo of valid ID

References:

1) _____

2) _____

3) _____

(Name and Phone Number)

All applicants must live in Desoto County and be at least 21 years of age. A background check will also be conducted on each applicant. The Southaven Police Department reserved the right to deny entry to the Academy based on findings of that background check.

I verify that all the information on the above application is true. I authorize the Southaven Police Department to conduct a background check based on this Application.

Signature _____

Date _____

Please return completed application to the Southaven Police Department.