

**SOUTHAVEN POLICE DEPARTMENT**  
**Application for Citizens Police Academy**



**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:

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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

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Present Employer	Supervisor	Your Title
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Address	Phone	Date Hired
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Length of Employment (years): \_\_\_\_\_

**EMERGENCY CONTACT**

Name	Relationship
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Address	Home Phone	Work Phone	Cell
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Do you have any law enforcement experience? \_\_\_\_\_ If Yes, describe \_\_\_\_\_

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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.**