



APPLICATION

Urbandale Police Department
3740 86th Street
Urbandale, IA 50322-4016
Phone: 515-331-6800

"Service Built on Integrity"

Name: _____
Last First Middle

Sex: M F DOB: _____
MM/DD/YYYY SSN: ____/____/____

Address: _____ City: _____ State: _____
Street APT

Home PH: _____ Work PH: _____ Cell PH: _____

Email Address: _____ Drivers License No: _____ State: _____

Employer: _____ Occupation: _____
Employer's Address: _____ Supervisor: _____

How long have you lived in Urbandale? _____

Have you ever been arrested for any offense other than a simple misdemeanor? Yes No

Will you be able to commit to ten of the twelve class sessions? Yes No

Polo Shirt Size Small Medium Large X-Large 2X-Large

Emergency Contact: _____
Name Primary Phone Alternate Phone

This information is necessary to complete backgrounds on our students and will be kept by the Support Services Commander or a designee for emergency contact.

I hereby certify that the information contained in this application is true and complete to the best of my knowledge. You are hereby authorized to make an investigation of my personal history deemed necessary for consideration to attend the Urbandale Citizen's Police Academy.

Signature Date

FOR POLICE DEPARTMENT USE ONLY

Criminal History Check by: _____ Date: _____
Applicant Approved by: _____ Date: _____
Applicant Notified by: _____ Date: _____