



TROY CITIZENS POLICE ACADEMY
APPLICATION FOR ADMISSION

TUESDAY, SEPTEMBER 8, 2015 through TUESDAY, OCTOBER 27, 2015
6:30 p.m. to 9:30 p.m.

First Name: _____ Middle Name: _____ Last Name: _____

Maiden Name (if applicable): _____ Preferred first name for Name Tag: _____

Address: _____

City: _____ Zip Code: _____ Telephone: _____

Date of Birth: _____ Driver's License Number: _____

Email Address: _____

T-Shirt Size (please circle one): Men's S M L XL 2XL

PLEASE PRINT CLEARLY

Please list any associations, clubs, or organizations to which you belong:

Please answer "yes" or "no" to the following questions:

Have you received any traffic citations in the last 10 years? _____

Have you ever been convicted of a crime? _____

Have you ever had a criminal case expunged? _____

Have you ever been arrested, as an adult or juvenile? _____

If you have answered yes to any of the above questions, list the details of these incidents including infraction/crime, location, police agency, approximate date, and the outcome of the case(s):

Present Employer: _____ Your Title: _____

Address: _____

Phone: _____ Supervisor: _____

Past Employer: _____ Your Title: _____

Address: _____

Phone: _____ Supervisor: _____

List two individuals that can be contacted in the event of an emergency:

Name: _____ Relationship: _____
Address: _____ Telephone: _____

Name: _____ Relationship: _____
Address: _____ Telephone: _____

Please write a short narrative as to why you want to attend the Troy Citizens Police Academy:

Please review your answers carefully and read the statement below before signing this application.

“I hereby certify that there are no willful misrepresentations, omissions, or falsifications in the foregoing statements and answers to questions. I understand that any omission or false statements on this application shall be sufficient cause for rejection for enrollment or dismissal from the Troy Citizens Police Academy.”

“I further understand that the Troy Police Department will be conducting a basic background check which will include the following queries: a criminal history check, driving record check, and check for contacts with law enforcement. I duly authorize the Troy Police Department to conduct these queries. I understand that failure to authorize these queries will result in the rejection of my application to attend the Citizens Police Academy. I understand that these queries will remain confidential and are not subject to release. I understand that the results of these inquiries remain the sole property of the Troy Police Department. I understand that they are required due to the nature of the instruction as well as access to the Police Department that I will receive during this experience.”

Applicant Signature

Date

PLEASE MAIL COMPLETED APPLICATION TO:

**TERRY COLUSSI
TROY POLICE DEPARTMENT
500 WEST BIG BEAVER ROAD
TROY, MICHIGAN 48084**

OR FAX TO: 248-524-9023

**IF YOU HAVE ANY QUESTIONS CONCERNING THIS APPLICATION,
PLEASE CONTACT PAT GLADYSZ AT 248-524-3443**



**ADULT WAIVER
RELEASE OF ALL CLAIMS**

RELEASE MADE _____, 20_____

BY _____
(Name)

OF _____ CITY _____ ZIP CODE _____
(Address)

In consideration of the permission granted to me by the City of Troy, Michigan, to participate in the Citizens Police Academy, I hereby release the City of Troy, Michigan, its agents and employees from all actions, causes of action, damages, claims or demands which I, my heirs, executors, administrators, or assigns may have against the City of Troy, Michigan and other above-described parties, for all personal injuries known or unknown which I may incur by participating. These activities may include, but are not limited to, riding with officers in patrol cars and use of firearms at the police range.

I, the undersigned, have read this release and understand all its terms. I execute it voluntarily and with full knowledge of its significance.

In witness whereof, I have executed this release the day and year first above written.

Witness

Signature

Date