Oswego Police Department

Citizen Police Academy

Application Form

Last Name:	First:		Mid:
Address:			
Street:	City:	State:	Zip:
Date Of Birth:	Telephone #:		_
Drivers License #:			
How long have you live	ed at present address: Yrs	Mos	
Previous address if less	than five years at present ad	dress:	
Occupation:	Employer:_		
Employers Address:		Telephone #	
Length of employment:	Yrs Mos		
Personal reference that Name:	Address	<u>:</u>	
retepnone #:			
or a business in the Vil check will be conducted	nust either live in the villag llage. They must also be at led on each applicant. The Osw e Academy based on the find	east 18 years of ego Police Dep	age. A background artment reserves the
	on the above application is translated a background check based or		_
Signature:			Date:

FORM MUST BE RETURNED TO THE OSWEGO POLICE DEPARTMENT