

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 lived at present address: Yrs. _____ Mos. _____

Previous address *if less than five years at present address*: _____

Occupation: _____ Employer: _____

Employers Address: _____ Telephone #: _____

Length of employment: Yrs. _____ Mos. _____

Personal reference that we may contact:

Name: _____ Address: _____

Telephone #: _____

All applicants must either live in the village of Oswego, or maintain property or a business in the Village. They must also be at least 18 years of age. A background check will be conducted on each applicant. The Oswego Police Department reserves the right to deny entry to the Academy based on the findings of that background check or knowledge known to the Police Department at the time of application.

All information on the above application is true. I authorize the Oswego Police Department to conduct a background check based on this application.

Signature: _____ Date: _____

FORM MUST BE RETURNED TO THE OSWEGO POLICE DEPARTMENT