

CITIZEN POLICE ACADEMY

AURORA, ILLINOIS

Application

First name: _____

Last name: _____

Middle name: _____

Maiden name (if applicable): _____

Current street address: _____

City: _____

State: _____

Zip: _____

Date of Birth: _____

Social Security Number: _____

Drivers License Number: _____

Telephone: _____

E-mail: _____



How long have you lived at your current address? Years: _____ Months: _____

If less than 5 years at your present address, provide previous address:

Previous street address: _____

City: _____

State: _____

Zip: _____

Occupation: _____ Length of Employment: _____

Employer's Name: _____

Employer's Address: _____

I signify the above information to be accurate.

Applicant's Signature: _____ Date: _____

****All applicants must be 21 years of age and either live in, work in or own property in Aurora. A background check will also be conducted on each applicant. The Aurora Police Department reserves the right to deny entry to the Citizen Police Academy based on the findings of that background check.****

Mail Completed Application to:

CPA c/o Officer Tom McNamara

Aurora Police Department

1200 E. Indian Trail

Aurora, IL 60505