

QUINCY POLICE DEPARTMENT CITIZEN POLICE ACADEMY Application Form

Name: _____
Last First Middle

Maiden Name or Other Names Used: _____

Address: _____
Street City State Zip

Date of Birth: _____ Sex: _____ Phone: _____

Email address: _____

Driver's License # _____ Driver's License State: _____

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

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

Occupation/College: _____

Length of Employment: Years _____ Months _____

Employers Name: _____

Address: _____

References

List three personal references (Name, Address, Phone #):

All applicants must either live in Quincy, work in Quincy, own property in Quincy, or attend school in Quincy. They also must also be at least 18 years of age.

I understand a background check will also be conducted on me. I agree the Quincy Police Department reserves the right to deny my entry to the Academy based on the findings of that background check or for any other lawful reason determined by the Quincy Police Department.

Mail Application to:
Quincy Police Department
C/o Pro-Act Unit
110 South 8th Street
Quincy, IL 62301

Applicant's Signature: _____