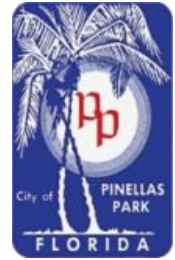




*Pinellas Park Police Department*  
*Citizens Police Academy*



**APPLICATION**

**NAME** \_\_\_\_\_ **SOC.SEC.#:** \_\_\_\_\_

**ADDRESS** \_\_\_\_\_ **ZIP** \_\_\_\_\_

**HOME PHONE** \_\_\_\_\_ **WORK PHONE** \_\_\_\_\_

**CELL PHONE** \_\_\_\_\_ **EMAIL** \_\_\_\_\_

**AGE** \_\_\_\_\_ **DATE OF BIRTH** \_\_\_\_\_

**FLORIDA DRIVERS LICENSE #** \_\_\_\_\_

**CURRENT OR LAST PLACE OF EMPLOYMENT** \_\_\_\_\_

**JOB RESPONSIBILITIES** \_\_\_\_\_

**DO YOU HAVE SPECIAL SKILLS THAT MAY BE VALUABLE TO THE AGENCY? IF YES, PLEASE LIST** \_\_\_\_\_

**ARE YOU CURRENTLY OR HAVE YOU PREVIOUSLY VOLUNTEERED FOR ANOTHER LAW ENFORCEMENT AGENCY? IF YES, WHERE?**  
\_\_\_\_\_

**DO YOU CURRENTLY WORK OR RESIDE WITHIN THE CITY LIMITS OF PINELLAS PARK?** \_\_\_\_\_

**ARE YOU AUTHORIZED TO LIVE IN THE U. S.?** \_\_\_\_\_

**HAVE YOU EVER BEEN ARRESTED FOR ANY CRIMINAL OFFENSE? YES** \_\_\_\_\_  
**NO** \_\_\_\_\_ **IF YES, PLEASE EXPLAIN** \_\_\_\_\_

**HAVE YOU SERVED IN THE ARMED FORCES OF THE U. S.?** \_\_\_\_\_

**WHAT BRANCH AND WHAT DATES DID YOU SERVE?** \_\_\_\_\_

**DID YOU RECEIVE AN HONORABLE DISCHARGE?** \_\_\_\_\_

**Have you tried or experimented with any drug classified as a controlled substance, or any other illegal drugs while not under the care of a physician in the past five (5) years?**

**Have you abused prescription medication within the past five (5) years?**

**Have you ever sold, offered to sell, induced or attempted to induce another person in the use of illegal drugs?**

**Do you abuse or misuse alcohol?**

**Applicants who are found to have committed any serious undetected crime may be excluded from consideration even though no arrest or charge was ever made.**

**Applicants who are found to have intentionally falsified or omitted any information from this application or other agency paperwork will be disqualified from further consideration.**

**Authorization for release of records:**

**I attest that all the information provided in this application is correct to the best of my knowledge. I further hereby authorize an agent from the Pinellas Park Police Department to verify any information provided on this application including inspection of criminal and motor vehicle records.**

**I understand that records established and maintained by the Pinellas Park Police Department may be classified as public records and may be released to parties requesting them. As an applicant for the Citizens Police Academy with the Pinellas Park Police Department, I hereby expressly release the City of Pinellas Park and the Pinellas Park Police Department along with their members and employees from any liability or damages which may result from the release of record pertaining to my application.**

**I further understand that this application is for the Citizens Police Academy for which I will not be compensated and that participation shall not guarantee a job interview or job offer with the City of Pinellas Park.**

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**Name**

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**Date**

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