

CONVERSE POLICE DEPARTMENT
CITIZENS ACADEMY APPLICATION

NAME: _____

ADDRESS: _____

CITY _____ STATE _____ ZIP _____

DATE OF BIRTH _____

HOME PHONE _____ WORK PHONE _____

IN CASE OF EMERGENCY: LIST MEDICAL HISTORY AND MEDICATIONS YOU
ARE CURRENTLY TAKING: _____

EMERGENCY CONTACT: LIST PERSON (S) AND PHONE NUMBERS:

DRIVERS LICENSE NUMBER AND STATE THAT ISSUED

I UNDERSTAND A CRIMINAL HISTORY CHECK IS DONE ON ALL
APPLICANTS.

APPLICANT NAME PRINTED

APPLICANTS SIGNATURE

RETURN APPLICATION TO:
CONVERSE POLICE DEPARTMENT 402 S. SEGUIN
CONVERSE, TX 78109
ATTN. CPL. MIKE SCOGINS

FOR ANY QUESTIONS CALL 658-2322
MON- FRI 8:00 -5:00