



## City of Topeka Police Department Citizens' Academy Application



(Also available online at [http://www.topeka.org/tpd/Citizens\\_Academy\\_Application.shtml](http://www.topeka.org/tpd/Citizens_Academy_Application.shtml))

### PERSONAL DATA

Name: \_\_\_\_\_  
Last First Full Middle

List all other names you have used, including nicknames and maiden names:

If you have ever used any other surnames, or legally changed your name, please state the time period this occurred and the circumstances. If you have ever legally changed your name, please list date, place, and court:

Date of birth: \_\_\_\_\_ Place of birth: \_\_\_\_\_ Age: \_\_\_\_\_  
Drivers License Number: \_\_\_\_\_ Race: \_\_\_\_\_  
Social Security Number: \_\_\_\_\_ Gender:  Male  Female

### ADDRESS AND POINT OF CONTACT

Address: \_\_\_\_\_  
Street City State Zip Code

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Cellular phone: \_\_\_\_\_ E-mail address: \_\_\_\_\_

Please list the name and phone number of a relative or close associate (to be used in the event of an emergency):

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

### EMPLOYMENT INFORMATION

Current Employer: \_\_\_\_\_

Address: \_\_\_\_\_  
Street City State Zip Code

Job Title: \_\_\_\_\_ Length of time with current employer: \_\_\_\_\_

If less than three years please list former employer: \_\_\_\_\_

## AUTHORIZATION TO CONDUCT LAW ENFORCEMENT CHECKS

Have you ever been charged with a felony offense? Yes \_\_\_\_\_ No \_\_\_\_\_

Have you ever been convicted of a crime? Yes \_\_\_\_\_ No \_\_\_\_\_

*If yes, list details pertaining to conviction, including date, place, law enforcement agency, charge, court and disposition*

I hereby authorize the City of Topeka Police Department to conduct a criminal history check of law enforcement records as they pertain to me, I understand that this check will include, but not be limited to, any record of charges, prosecutions, or convictions for criminal or civil offenses. This check will be used for the purpose of the City of Topeka Police Citizens Academy application process. My consent is valid for six months from the date authorized below. Any information obtained will be used for the purpose of providing clearance to participate in the City of Topeka Police Citizens' Academy.

\_\_\_\_\_  
Full Name (*typed or printed*)

\_\_\_\_\_  
Full Name (*Signature*)

\_\_\_\_\_  
Date of Authorization

### NOTE:

Applicants must live, work, or have an interest in the City limits of Topeka, KS and must be at least 18 years of age. A criminal back ground check will be made on applicants before they are accepted to the academy. Applicants cannot have a felony conviction and cannot have a DUI or drug conviction in the last five (5) years.

## ORGANIZATION MEMBERSHIPS

Please list any organizations or community groups to which you belong:

## HOW DID YOU HEAR ABOUT THE CITIZENS' ACADEMY?

## MEDICAL

Do you now, or have you ever had a serious illness, or chronic illness, or injury that could preclude you from participating in live firearms training? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, provide details:

## SEND APPLICATION TO:

City of Topeka Police Department  
Attn: Liz Toyne, Topeka Police Citizens Academy  
320 S. Kansas Ave, Suite 100, Topeka, Kansas 66603

For more information call Liz Toyne, Volunteer Coordinator at (785)368-9237 or e-mail Liz Toyne at [etoyne@topeka.org](mailto:etoyne@topeka.org).