

BURR RIDGE CITIZENS POLICE ACADEMY APPLICATION FORM

Please print legibly

NAME: _____
(First) (Middle) (Last)

ADDRESS: _____
(Street) (City) (State) (Zip Code)

HOW LONG HAVE YOU LIVED AT YOUR PRESENT ADDRESS? ____ YEARS ____ MONTHS

PREVIOUS ADDRESS (If less than 5 years at your present address)

(Street) (City) (State) (Zip Code)

DRIVER'S LICENSE #: _____ STATE: _____ DATE OF BIRTH: _____ GENDER: _____
Male Female

HOME PHONE: _____ CELL PHONE: _____ EMAIL: _____

HAVE YOU EVER BEEN ARRESTED? YES ____ NO ____

IF YOU ANSWERED YES, WHEN DID THIS OCCUR AND WHAT WERE THE CHARGES?

OCCUPATION: _____ LENGTH OF EMPLOYMENT: ____ YEARS ____ MONTHS

EMPLOYER'S NAME: _____ EMPLOYER'S ADDRESS: _____

PARTICIPATION PERMIT/PROMISE TO RELEASE

In consideration of the benefits that I will receive from my participation in the Burr Ridge Police Department Citizens Police Academy, sponsored by the Burr Ridge Police Department, I, for myself, my heirs and assigns, hereby release Village of Burr Ridge, the police officers, public officials, agents, and employees from any liability, claims, demands, actions and causes of action which I may hereafter have on account, any injuries and/or damage to me or my property, or my death, arising out of or related to any happening or occurrence while I am participating in the academy. For the same consideration, I agree to forever hold Village of Burr Ridge and said persons harmless from such liability, claims, demands, actions, or causes of actions. The terms thereof shall be in full force during my participation in the Burr Ridge Citizens Police Academy.

I hereby acknowledge, that I have completed the information fully and accurately. I understand and give my permission with respect to the Burr Ridge Police Department to conduct a background investigation to determine my suitability for admission to this program. I understand, the Chief of Police reserves the right to exclude any applicant from consideration whose participation is deemed not to be in the best interest of the Burr Ridge Police Department and/or the applicant.

Signature of Participant

Date