



Schertz Police Department

*Citizens Police Academy
Application for Enrollment*



NAME: _____ DATE: _____

ADDRESS: _____

HOME PHONE: _____ - _____ - _____ WORK PHONE: _____ - _____ - _____

E-MAIL ADDRESS _____

DOB: ____/____/____ SSN ____ - ____ - ____

DL# _____ STATE: _____

EMPLOYER: _____

OCCUPATION: _____

Do you currently have, or have you ever had, a Concealed Handgun License? _____

Are you a resident or business person in the City of Schertz? _____

How did you hear about the Schertz Citizen's Police Academy? _____

Why do you wish to attend the Citizen's Police Academy? _____

Please list associations, clubs, affiliations, etc: _____

Have you ever been convicted of, arrested, or cited for an offense other than a Traffic Offense or Municipal Ordinance? _____

If yes, please explain in detail the date, charge, place and action taken: _____



List two references:

1. _____ Phone number: _____

2. _____ Phone number: _____

Emergency Contact Information: Please list an immediate family member or close friend we can contact in case of an emergency.

Name: _____ Relationship: _____

Address: _____

Phone Number: _____

Medical History: The following information is necessary in the event of an emergency while attending the course.

Medical Conditions: _____

Medications: _____

Please review your application carefully and read the statements below before signing.

I hereby certify that there are no willful misrepresentations, omissions, or falsifications in the foregoing statements and answers to questions. I understand that any omission or false statement on this application shall be sufficient cause for rejection, or dismissal from the Schertz Police Department Citizens Police Academy.

I authorize the Schertz Police Department to conduct a background investigation to obtain any information relating to my criminal history record for the purpose of making a determination of eligibility for the Schertz Police Department Citizens Police Academy. I understand that this investigation may include, but be limited to, criminal history, employment history, and personal references.

Signature: _____

Date: _____

Please return the completed form in person, by mail, or fax to:

**Special Projects Division
Schertz Police Department
1400 Schertz Parkway
Schertz, Texas 78154**

**For Questions:
Phone: 210-619-1264
Fax: 210-619-1220**

