

**Please Return TO:**

Murray Police Dept.  
Crime Prevention Division  
407 Poplar St.  
Murray, KY 42071

# Murray Police Department

## Citizens Police Academy

Application Form

Please Print Clearly

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

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

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Sex: M F Phone: (\_\_\_\_)\_\_\_\_\_  
                    Month Day Year                    Circle One

Driver's License #: \_\_\_\_\_  
                    State Number

How long have you lived at your present address? Years \_\_\_\_\_ Months \_\_\_\_\_

Previous Address \_\_\_\_\_  
(If less than 5 years at present address)

Employer Name: \_\_\_\_\_ Occupation: \_\_\_\_\_

Employer Address: \_\_\_\_\_

Employer Phone: (\_\_\_\_)\_\_\_\_\_

List three personal references (Name, Address, Phone)

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All applicants must live, work or own property in the City of Murray. They must also be no less than 21 years of age.

I, the undersigned, understand that a background check will also be conducted on me. I also understand and agree to the fact the Murray Police Department reserves the right to deny entry into the Citizens Police Academy based on the finding of the background check and/or any other lawful reason and is not required to disclose that reason to me. I understand that class size is limited and that I may be denied or offered a later class for this reason alone.

Applicant Signature \_\_\_\_\_