



ROCKY RIVER POLICE DEPARTMENT

21012 Hilliard Blvd. Rocky River, Ohio 44116

Citizen Police Academy 2020-01 APPLICATION

Thank you for applying to the *Citizen Police Academy Class 2020-01*. Return completed applications to the Police Department no later than **Tuesday, December 3, 2019** in person at our temporary police station 20325 Center Ridge Rd. or Rocky River City Hall, via US mail (21012 Hilliard Blvd.), or by email to glichman@rrcity.com. Classes begin Tuesday, January 7, 2020. Eligible applicants must:

- Be 21 years of age or older
- Have a High School Diploma or GED
- Be a resident of or work in the City OR otherwise be a member of the Rocky River community
- Have no pending criminal charges
- Have no felony convictions; misdemeanor convictions will be considered on a case by case basis
- No pending civil litigation against the City, any other municipality, state, or federal government or other governmental or quasi governmental agencies
- Have personal character consistent with community standards.

NAME _____
LAST FIRST MIDDLE

ADDRESS _____
Street Address

City State ZIP

EMAIL _____

MOBILE PHONE _____ HOME PHONE _____

DATE OF BIRTH _____ SOCIAL SECURITY NUMBER _____

PREVIOUS ADDRESS (if current address is less than 10 years). Please list dates of residency:

1. _____
Street Address City State ZIP

From _____ To _____

2. _____
Street Address City State ZIP

From _____ To _____

3. _____
Street Address City State ZIP

From _____ To _____

EMPLOYER _____ TITLE _____
Date Hired _____
Street Address _____ City _____ State _____ ZIP _____
Supervisor _____ Phone Number _____

EDUCATIONAL BACKGROUND:

High School/GED _____ Year of Graduation _____
College 1. _____ Years Attended _____
Degree Received/Course of Study _____
College 2 _____ Years Attended _____
Degree Received/Course of Study _____

REFERENCES Please provide 3 non-relative references.

1. _____
Name Address
Phone Number Email Address Relationship to Applicant
2. _____
Name Address
Phone Number Email Address Relationship to Applicant
3. _____
Name Address
Phone Number Email Address Relationship to Applicant

HAVE YOU EVER BEEN ARRESTED AND/OR CONVICTED OF A CRIME, INCLUDING TRAFFIC

VIOLATIONS? _____ If yes, please explain, including arresting agency, address, and date.
Attach additional pages, if necessary:

ORGANIZATIONS YOU ARE A MEMBER OF (Civic clubs, community organizations, blockwatch, etc.)

WHY WOULD YOU LIKE TO ATTEND THE CITIZEN POLICE ACADEMY?

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All applicants meeting the requirements for the Academy will be considered. Class size is limited. The City reserves the right to decline any applicant.

Successful completion of this Academy DOES NOT provide any professional certifications, licenses, or other qualifications.

Providing false information on this application will be grounds for non-admittance to or dismissal from the Academy.

A signed/witnessed copy of the City of Rocky River Authorization for Release of Information must accompany this application.

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I give my permission to the Rocky River Police Department to conduct a background check to determine if I have a criminal record and meet the requirements of entry into the City of Rocky River Citizen Police Academy.

Signature _____ Date _____

Witness _____ Date _____