Conyers Police Department

Citizens Police Academy

Application for Admittance

First Name	MI	Last Name	Preferred Name
Date of Birth	Race	Sex	Social Security Number

Street Address	Apartment#	City	State	Zip

Driver's License Number	Driver's License State	Occupation
Employer	Employer's Address	
Home Phone	Business Phone	Cell Phone

Email Address

How long have you lived in Conyers? Years_____Months_____

Address prior to moving to Conyers _____

Have you ever been arrested for any offense other than minor traffic offense? Y/N_____

If yes for _____When?_____Where?_____

Have you ever been convicted of a felony? Yes_____No_____

How did you Hear about the Academy?_____

What do you expect to gain from attending?_____

_____

What size shirt do you wear? S____M____L____XL____XXL____

Will you be able to attend all classes? Yes_____No_____

I hereby certify that the information contained in this application is true to the best of my knowledge. The Conyers Police Department is authorized to make any investigation of my personal history deemed necessary for consideration to attend the Citizens Police Academy.

Signature:_____ Date _____

For Official Use Only

Information verified by _____ Date _____

Other _____

DRIVER & CRIMINAL HISTORY CONSENT FORM

I hereby authorize the City of Conyers Police Department to receive any criminal history / driver history record information pertaining to me that may be in the criminal justice files of the State of Georgia, or any other local, state, or federal criminal justice agency.

CRIMINAL AND DRIVER HISTORY INFORMATION	THIS INFORMATION MUST APPEAR ON THE CONSENT FORM AND MUST BE COMPLETED.
LAST NAME	SUFFIX:
FIRST NAME	
MIDDLE NAME	
OTHER LEGAL NAMES (4TH NAME)	
OTHER NAMES USED (Marriage names, Maiden names, aliases, nicknames)	
DATE OF BIRTH	
DRIVER LICENSE NUMBER	STATE(S) OF ISSUE:
SOCIAL SECURITY NUMBER	
RACE	
SEX	

(X)_____

Applicant's Signature DATE

CONYERS POLICE DEPARTMENT
PERSONAL INQUIRY WAIVER

To: _____

I respectfully request and authorize you to furnish the City of Conyers Police Department or their agents, any and all information that you may have concerning me, my work record, school record, my reputation, my financial status, my credit status, and any pre-employment or screening information. Please include any and all medical, physical and mental records or reports, investigative and background reports (written or verbal) or documents including all information of a confidential and privileged nature, and photocopies, if required. This information is to be used to assist the City of Conyers Police Department in determining my qualifications and fitness for the position I am seeking with the City of Conyers Police Department.

I hereby release you, your organization or others from liability or damage which may result from furnishing the information requested above.

_____
Applicant's Name Printed

(X)_____
Applicant's Signature DATE

AFFIDAVIT OF ACKNOWLEDGMENT

State of Georgia
County of Rockdale

KNOW ALL MEN BY THOSE PRESENT that on the _____ day of
_____ , _____, personally appeared before the undersigned authority and upon being duly sworn, did acknowledge that he had voluntarily executed the above instrument for the purposes therein expressed.
(X)_____
Applicant's Signature
Sworn and subscribed before me this the _____ day of _____, _____._____

Notary Public Commission Expires