



CITIZEN ACADEMY APPLICATION

Date: _____

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Social Security Number: _____ DOB: _____

Home Phone: _____ Work Phone: _____

Email Address: _____

Occupation: _____ Employer: _____

Are you a US resident? _____

Are you a Park City / Summit County resident? _____

Are you now, or will you be, 18 years or older when class begins? _____

Do you have a valid driver's license? _____ Which state? _____

Have you ever been arrested? _____

If yes, briefly describe: _____

Do you have any physical condition we need to be made aware of? _____

If yes, please explain: _____

Are you willing to sign a waiver of liability? _____

If you have any special needs, please inform us so we can attempt to accommodate.

Prior to acceptance, applications will be screened for prior criminal offenses. A Felony conviction will automatically disqualify any applicant from the academy. By signing below, you signify that you understand a background check will be completed, and that all information on your application is true and correct. Any application containing false information will be automatically rejected.

Signature: _____ Date: _____

Please return this application to: Park City Police Department
2060 Park Avenue, P.O. Box 1480
Park City, Utah, 84060
Officer Rose