



HINSDALE POLICE DEPARTMENT
Citizen Police Academy

APPLICATION FORM

Please Print or Type:

| | | | |
|---------------------------------|--|-----------------------|-----------------|
| _____ | _____ | _____ | |
| Last Name | First Name | Middle Initial | |
| _____ | _____ | _____ | |
| Street Address | City | State | Zip Code |
| _____ | _____ | _____ | _____ |
| _____ | _____ | | |
| Date of Birth | Home Telephone Number Including Area Code | | |
| _____ | _____ | | |
| _____ | _____ | | |
| Driver's License Number | Social Security Number | | |
| _____ | _____ | | |
| _____ | _____ | | |
| Your Occupation | Name of Your Employer | | |
| _____ | _____ | | |
| _____ | _____ | | |
| Address of Your Employer | Telephone Number | | |

All applicants must live/or be employed in the Village of Hinsdale. Also, all applicants must be at least 18 years of age.

All information on the above application is true. I authorize the Hinsdale Police Department to conduct a background check based on this application.

A background check will be conducted on each applicant. The Hinsdale Police Department reserves the right to deny entry to the Academy based on the finding of said background check.

The Chief of Police reserves the right to determine additional criteria for selection of all applicants.

Your Signature **Date**

Return this form along with the signed liability waiver to:
Officer Michael Coughlin
Hinsdale Police Department
121 Symonds Drive
Hinsdale, IL 60521

