

LOS ANGELES POLICE DEPARTMENT
APPLICATION
2016 Community Police Academy for Adults

Name _____

Age _____ Date of Birth _____ Drivers License/Identification No. _____

Address _____

Telephone _____

Occupation _____

Email _____

Emergency Contact Information

Name of Person to be contacted _____

Relationship _____

Address _____

Telephone _____

Background Information

Please answer the following questions by circling "Yes" or "No" and write your initials.

Have you ever been convicted of a felony? YES NO _____

Do you have any outstanding warrant(s)? YES NO _____

Are you aware of any pending criminal case(s) against you? YES NO _____

APPLICANTS DO NOT WRITE BELOW THIS LINE

Please indicate whether the applicant was approved or denied for acceptance in the Community Police Academy for Adults.

APPROVED DENIED

Signature of Area Commanding Officer

Approved applicants Only

Department employee that notified applicant of class start date, time, and location (**Notification shall be made by the concerned Area/division**):

Name _____ Serial No. _____ Area/division _____