

# Citizen's Academy Application



## Contact Information

Name	
Street Address	
City ST Zip Code	
Home Phone	
Work Phone	
E-Mail Address	
Occupation	
Employed By	
Race	
Male or Female	
Have you ever been convicted of a crime? ___Yes ___No If yes, explain	

## Signature

By my signature below, I acknowledge the above information is a true and accurate representation. Furthermore, I am aware that all of the above information is required in order that the Oldham County Police Department may conduct a background inquiry.

Applicant's Signature: \_\_\_\_\_

## How did you first hear about the Citizen's Academy?

## Why do you wish to attend the Citizen's Academy?

Applications may be mailed or delivered to:  
**Oldham County Police Department**  
1855 North Highway 393  
LaGrange, KY 40031