

**OZARK POLICE DEPARTMENT  
CITIZENS POLICE ACADEMY  
APPLICATION**



*(Please print or type information)*

**FULL LEGAL NAME:** \_\_\_\_\_  
(Last) (First) (Middle)

**Date of Birth:** \_\_\_\_\_ **Sex:** \_\_\_\_\_ **Social Security Number:** \_\_\_\_-\_\_\_\_-\_\_\_\_

**Current Address:** \_\_\_\_\_  
(Street Address) (Apt #)

\_\_\_\_\_  
(City) (State) (Zip Code)

**Telephone:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**Employer:** \_\_\_\_\_

**Work Address:** \_\_\_\_\_  
(Street Address)

**Work Phone:** \_\_\_\_\_

**List any Organizations that your are affiliated with:** \_\_\_\_\_

**Briefly state why you would like to be in the CITIZEN'S POLICE ACADEMY:**

Have you, since the age of 17, ever been charged or convicted with a criminal offense or a driving violation?  
Conviction(s) do not necessarily mean you will be removed from further consideration.\*  
If answer is yes, please provide date(s), location(s) and explanation(s):

**Please Read:**

Your signature on this form indicates you are granting permission for the Ozark Police Department to conduct a Criminal History check on you, prior to your participation in the Citizen's Police Academy. It is further agreed that should this Criminal History check reveal any convictions of a criminal nature or a high volume of traffic offenses, the Ozark Police Department may, at their discretion, disallow your participation in this program.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Please return to :  
Ozark Police Department Attention:  
Captain Justin Arnold  
j.arnold@Ozarkpd.org  
201 E Brick St.  
Ozark, MO 65721 Phone: 417-581-5873 Ext.1302