

BROOKFIELD POLICE DEPARTMENT

Citizen Police Academy

Application form

Last name: _____ First: _____ MI: _____

Address: _____

City: _____ State: _____ Zip: _____

Date of Birth: _____ Phone: _____

Drivers License#: _____ SSN#: _____

How Long have you lived at present address: _____ Years, _____ Months _____

Previous address *if less than five years at present address*: _____

Occupation: _____ Employer: _____

Employer's Address: _____

Employer's Phone: _____

Length of Employment: _____ Years, _____ Months _____

Personal reference we may contact:

Name: _____

Address: _____

Phone: _____

All residents and Business Owners of the Village of Brookfield are eligible to apply. They must also be at least 18 years of age. A background check will also be conducted on each applicant. The Brookfield Police Department reserves the right to deny entry to the Academy based on the findings of that background check.

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

Signature: _____ Date: _____

