



## COMMUNITY POLICE ACADEMY APPLICATION FORM

*Return completed application to the Buena Park Police Department between 9am and 9pm. Applicants must present a photo ID and we will conduct a minimal records check. Applicants must be at least 18 years of age and reside or work in Buena Park.*

Name \_\_\_\_\_ DOB \_\_\_\_\_  
Last First Middle MM/DD/YYYY

Social Security # - - Driver's License # /  
Exp. Date

Home Address \_\_\_\_\_  
Street City State Zip

Employer \_\_\_\_\_

Occupation \_\_\_\_\_

Business Address \_\_\_\_\_  
Street City State Zip

Phone ( ) ( ) ( )  
Day Evening Other

I am interested in attending the Community Police Academy because:

---

---

---

*I consent to a records check and preliminary review of my background for the Buena Park Community Police Academy. If accepted as a student, I agree to abide by all the rules and regulations, and to have no more than one absence during the class schedule.*

Applicant's signature: \_\_\_\_\_ Date: \_\_\_\_\_

(CPA application)