

# JACKSONVILLE BEACH POLICE DEPARTMENT

## CITIZEN POLICE ACADEMY APPLICATION

DATE: \_\_\_\_\_

NAME \_\_\_\_\_  
First MI Last

STREET: \_\_\_\_\_  
 CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

DATE OF BIRTH:      /      /                           SSN: XXX -      -       
Month Day Year

OCCUPATION: \_\_\_\_\_ *if retired previous occupation*

DRIVER'S LICENSE #: \_\_\_\_\_ STATE: \_\_\_\_\_

PHONE #: (\_\_\_\_) \_\_\_\_\_ (\_\_\_\_) \_\_\_\_\_ (\_\_\_\_) \_\_\_\_\_  
Home Business Cell

E-MAIL ADDRESS: \_\_\_\_\_

SHIRT SIZE	S	M	L	XL	XXL
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**For Official Use Only:**

**Notes/Info**

C.H/P.T.	
D.L.	
M.S.	
F.B.	
Linx	

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***Working with Citizens for a Safe Community***