

# JACKSONVILLE BEACH POLICE DEPARTMENT

## CITIZEN POLICE ACADEMY APPLICATION

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

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

STREET: \_\_\_\_\_  
Street Address                      City                      State                      Zip

DATE OF BIRTH: \_\_\_/\_\_\_/\_\_\_                      SSN: XXX - \_\_\_ - \_\_\_\_\_

OCCUPATION \_\_\_\_\_ if retired previous occupation

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

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

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

SHIRT SIZE	SMALL	MEDIUM	LARGE	X-LARGE	XX-LARGE
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<p>For Official Use Only:</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>	<p>Notes/Info</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>
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C.H/P.T.	
D.L.	
M.S.	
F.B.	
Linux	

