



**HURST POLICE DEPARTMENT
CITIZENS POLICE ACADEMY
Application for Enrollment**

**APPLICANT MUST BE 21 YEARS OF AGE TO APPLY.
INCOMPLETE AND/OR UNSIGNED APPLICATIONS WILL NOT BE CONSIDERED.
PLEASE TYPE OR PRINT.**

NAME: _____
Last First Middle Maiden

ADDRESS: _____

HOME PHONE: _____ **BUSINESS PHONE:** _____

SOCIAL SECURITY #: _____ **DATE OF BIRTH:** _____

DRIVERS LICENSE NUMBER: _____ **STATE:** _____

Are you a resident of Hurst? _____ **How long?** _____

List of previous address's for last five years: _____

Do you work in Hurst? _____ **How long?** _____

If so, give name, address, phone and type of business.

Business Name Address

Phone Type of Business

BACKGROUND:

Are you presently, or have you been a member of the armed forces of the United States? _____
Branch of Service: _____

Date of discharge: _____ Type of discharge: _____

List all fraternal organizations, clubs, etc. of which you are, or ever have been a member:

IF THE ANSWER TO ANY OF THE FOLLOWING QUESTIONS IS YES, PLEASE EXPLAIN THE CIRCUMSTANCE OF EACH INSTANCE, IN DETAIL THE DATE, PLACE, CHARGE, ACTION TAKEN, AND FINANCIAL DISPOSITION AS IT MAY APPLY. USE A SEPARATE SHEET OF PAPER IF NECESSARY.

1. Have you ever been cited, arrested, or convicted of an offense in the past ten years? _____

2. Have you ever been arrested for or convicted of a felony? _____

3. Have you ever been arrested for or convicted of a D.W.I.? _____

4. Have you been fired or asked to resign from any job in the past five years? _____

5. Are you now, or have you ever been a member of any group that advocates armed or violent

resistance or rebellion against the United States government or of this State? _____

EMPLOYMENT:

List information on all employment you have held in the preceding five years. If retired, homemaker, unemployed, etc., please list your last place of employment.

Present Employer: _____ Date Hired: _____

Address: _____

Phone: _____ Supervisor: _____ Your Position: _____

Previous Employer: _____ Date Hired: _____

Address: _____

Phone: _____ Supervisor: _____ Your Position: _____

Previous Employer: _____ Date Hired: _____

Address: _____

Phone: _____ Supervisor: _____ Your Position: _____

Previous Employer: _____ Date Hired: _____

Address: _____

Phone: _____ Supervisor: _____ Your Position: : _____

REFERENCES:

List two immediate family members or close friends who may be contacted in the event of an emergency.

Name: _____

Relationship: _____

Address: _____

Phone #: _____

Name: _____

Relationship: _____

Address: _____

Phone #: _____

MEDICAL HISTORY:

The following information is needed in the event of a medical emergency.

List any medications you are currently taking and the conditions for which they are used.

List any medical information that you feel the Hurst Police Department should be aware of:
