

HAMPTON POLICE DEPARTMENT

CITIZEN POLICE ACADEMY

NAME (F/M/L): _____

DATE OF BIRTH (M/D/YR): _____

CURRENT ADDRESS: _____

PHONE: (W) _____ (H) _____ (C) _____

EMAIL: _____

CURRENT EMPLOYER: _____

COMMUNITY GROUP AFFILIATIONS/PROFESSIONAL MEMBERSHIPS (IF ANY)

ARE YOU A RESIDENT OF HAMPTON? YES NO

DO YOU POSSESS A DRIVER'S LICENSE/STATE ID YES NO

DRIVER'S LICENSE NUMBER/ID: _____ STATE OF ISSUE: _____

HAVE YOU EVERY BEEN CONVICTED OF A FELONY? YES NO

Please be thorough in completing the above information. Students in the program are occasionally present when confidential matters are witnessed or discussed. It is, therefore, necessary to complete a background check on all candidates.

I, _____, authorize the Hampton Police Department to conduct a background investigation to obtain any information relating to my criminal history record for the purpose of making a determination of eligibility for the Citizen Academy. I also understand I can only participate in the program one time and that I can be removed from ALL activities if removed from one.

The Citizen Academy will meet every Wednesday starting May 1st, 2024 through May 29th, 2024 from 6-9 p.m. Each candidate is required to attend all sessions of the academy. More than 2 absences, excused or unexcused, may result in dismissal from the program.

ARE YOU ABLE TO MEET THIS TYPE OF COMMITMENT? YES NO

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CITIZEN POLICE ACADEMY

WHY DO YOU WISH TO ATTEND THE ACADEMY?

HOW DID YOU HEAR ABOUT THE ACADEMY?

HAVE YOU PREVIOUSLY APPLIED TO ATTEND THE CITIZEN ACADEMY? YES NO

(SIGNATURE)

(DATE)

PLEASE MAIL OR EMAIL COMPLETED FORMS TO:

CAPTAIN MICHAEL HALSNE
HAMPTON POLICE DEPARTMENT
17 2ND ST NW HAMPTON, IA 50441
mhalsne@hamptonia.us

Questions can be directed to Captain Halsne at 641-456-2529 or by email.

Class size is limited.

Applications due by April 19th at 4pm, no late applications will be considered.