

<u>Citizens Police Academy Application</u> Lewisburg Police Department

Today's date:

Name:	Phone Number:
Address:	Date of Birth:
(Street)	Date of Birth: (day-month-year) Email:
(City, State, Zip Code)	
Driver License #: S Do you have a Tennessee handgun carry permit? Y	tate of Issue:
Briefly tell us why you are applying to attend the C	
How did you have about the Citizana Dalias Assidan	
How did you hear about the Citizens Police Acader Have you ever been arrested and/or convicted of a c	•
Provide two names and their phone number for cha	
*	
1	/ Phone number:
2	/ Phone number:
	tivities that involve physical exertion. Do you believe that you would
be able to participate in these activities if you chose	e to do so? Yes No
Signature: Date:	
** Polo Shirt size (circle one) : Small / Medium /	6 6 6
** Tee-Shirt size (circle one): Small / Medium / L	
	ucational program designed to inform citizens of daily operations of the
	not certify someone as a Police Officer and it is not employment with
the City of Lewisburg. Applications may be maile	d, or hand delivered to the address below:
Lewis	sburg Police Department
L qui	101 Water Street
Lewis	sburg, Tennessee 37091
* Information requested above is necessary to perform a cri	minal history or background check on all applicants.
* The City of Lewisburg does not discriminate on basis of ra provision of services, in programs, activities or employmen	ice, sex, color, religion, national origin, age, disability or veteran status in the t opportunities and benefits.

* The City of Lewisburg does not discriminate on the basis of disability in the programs and activities on which it operates pursuant to the requirements of the American Disabilities Act of 1990, PUB. L. 101-336. This policy extends to both employment and the admission to and participation in the programs, services and activities of the City of Lewisburg.