## Please Return To:

Andrew.Wiggins@Murrayky.gov Murray Police Dept. 104 N. 5th Street Murray, KY 42071

## Murray Police Department Citizens Police Academy Application Form

OFFICE USE ONLY

Date Received:

Background Check:

Notified:

Last Naı	me:		First Na	me:		Middle Name:	
Street A	.ddress:						
City:			State:	State:		Zip: Months:	
How lon	g have you	u lived at your pr	esent address?	ess? Years:			
		rs at present add	lress)				
Sex:	M Check		Driver's	License #	State	Num	
Email A							
Date of	Birth:			Phone:_			
Employe	er Name:_			Occupation:			
Employe	er Address	:					
Employe	er Phone:_						
List thre	e persona	l references (Na	me, Address, Phone)	)			

I, the undersigned understand that a background check will also be conducted on me. I also understand and agree to the fact the Murray Police Department reserves the right to deny entry into the Citizens Police Academy based on the finding of the background check and/or any other lawful reason and is not required to disclose that reason to me. I understand that class size is limited and that I may be denied or offered a later class for this reason alone.

F	Appli	icant	Sid	gnature	:	