



# NICHOLASVILLE POLICE DEPARTMENT

## *Citizen's Police Academy Application*



(Please print all information)

Full Legal Name: \_\_\_\_\_  

Last Name
First
Middle
(Maiden)

Date of Birth: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Social Security Number: \_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_

Current Address: \_\_\_\_\_  

Street Address
Apt. #
  
 \_\_\_\_\_  

City
State
Zip

Telephone #: \_\_\_\_\_ - \_\_\_\_\_      Work Phone #: \_\_\_\_\_ - \_\_\_\_\_  

(Area Code)
(Area Code)

School Attending: \_\_\_\_\_

Employer: \_\_\_\_\_

Employer Address: \_\_\_\_\_  

Street Address
Apt. #
  
 \_\_\_\_\_  

City
State
Zip

**PLEASE READ CAREFULLY:**

Your signature on this form indicates you are granting permission for the Nicholasville Police Department to conduct a Criminal History check on you, prior to your participation in the Citizen's Police Academy. It is further agreed that, should this Criminal History check reveal any convictions of a criminal nature or high traffic offense, the Nicholasville Police Department may, at their discretion, disallow your participation in this program. If you have any special needs due to a physical disability, please notify the Nicholasville Police Department or Chief Barry Waldrop (859) 885-9467, so that we may make the appropriate accommodations.

Signature: \_\_\_\_\_      Date: \_\_\_\_\_  
 \_\_\_\_\_

**\* This Waiver block MUST BE signed or your application will automatically be disqualified.**

**Complete and Return to:**      **Nicholasville Police Dept.**  
**510 North Main Street**  
**Nicholasville, Kentucky 40356**  
**(859) 885-9467**