



City of Franklin Police Department

Chief of Police Rick.Oliva

Citizen Police Academy Application

Last Name		First Name		Full Middle Name	
Address		City		State	Zip Code
Home Phone		Cell Phone		Work Phone	
Driver License Number			Issuing State		
Date of Birth			Email Address		
Emergency Contact Name			Emergency Contact Phone Number		
Employer			Job Title		

A background investigation will be conducted as part of an evaluation into the suitability of your acceptance in this program. A non-exclusive list of considerations will be; arrest records, driving records, certain municipal citations, previous negative contacts with law enforcement and potential conflicts of interest.

RETURN THIS FORM TO THE FRANKLIN POLICE DEPARTMENT

OR EMAIL TO: gwallace@franklinwi.gov

I authorize the Franklin Police Department to conduct a background check to further consider this application. I understand that the Franklin Police Department has sole authority to approve or disqualify the applicant from consideration. I further agree that I will comply with all instructions during my time at the Franklin Citizen Police Academy.

Signature of Applicant _____ Date _____