

THE CITIZENS' POLICE ACADEMY

BACKGROUND APPLICATION

FULL NAME _____

DATE OF BIRTH _____

HOME ADDRESS _____

PHONE (home) _____ (work) _____

OCCUPATION _____

WORK ADDRESS _____

DRIVER'S LICENSE or ID CARD NUMBER _____ STATE _____

REASON FOR PARTICIPATING _____

Please Return To:

Administrative Commander
Pacific Grove Police Department
580 Pine Ave.
Pacific Grove, CA 93950