

**Cleburne Police Department
Minster's Police Academy
Application**



Date: _____

Please fill out completely. Incomplete applications will not be processed. Please use "N/A" for section(s) that do not apply. The Cleburne Police Department appreciates your interest in service and commends your volunteer spirit.

Applicant Information

Full Name: _____
Last First Age Race/Sex

Address: _____
Street Address Apartment/Unit #

_____ *City State ZIP Code*

Cell Phone: _____ **Email:** _____

Date of Birth: _____ **Social Security No.:** _____ **Business Phone:** _____

Criminal History & Driving Record

	YES	NO		YES	NO
TX DL# _____	<input type="checkbox"/>	<input type="checkbox"/>	Has your license ever been suspended/revoked?	<input type="checkbox"/>	<input type="checkbox"/>
Have you ever been arrested?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, explain? _____		
Have you ever been convicted of a crime?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, explain? _____		

List the number of traffic citations & accidents you had in the past 2 years: _____

Previous Address(s) (last 5 years): _____

Education

High School: _____ **Date Graduated:** _____

Did you graduate? **YES** **NO** **Diploma:** _____

College: _____ **Date Graduated:** _____

Did you graduate? **YES** **NO** **Major/Minor Degree:** _____

College: _____ **Date Graduated:** _____

Did you graduate? **YES** **NO** **Major/Minor Degree:** _____

Military Service

Branch: _____ **Time Served:** _____ **Date Discharged:** _____

Rank at Discharge: _____ **Type of Discharge:** _____

If other than honorable, explain: _____

Emergency Contact

In case of an emergency, please call: _____
Name Phone Number

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References

DO NOT USE FAMILY MEMBERS AS REFERENCES. List 3 individuals you have known for at least 5 years. **(Please list their name, complete address, zip code & contact phone number.)**

Full Name: _____ Phone Number: _____

Address: _____

Full Name: _____ Phone Number: _____

Address: _____

Full Name: _____ Phone Number: _____

Address: _____

Employment

Current Employer: _____ Occupation: _____

From: _____ To: _____ Phone Number: _____

Address: (including city, state & zip): _____

Other Information:

Have you ever applied to the Cleburne Police Department or the Police Academy? YES NO

If yes, how many times have you applied & when? _____

If rejected, please explain: _____

Have you ever volunteered before? If yes, where & what did you do? _____

Please briefly state why you wish to volunteer your time with the Cleburne Police Department. (Use another sheet in necessary.) ***This question must be answered.*** _____

Clergy & Police Alliance Members, please fill out the information below:

Name of Congregation Leader: _____ Name of Congregation: _____

Address: _____ City, ST & Zip: _____

Office Phone: _____ Email Address: _____

Disclaimer and Signature

I hereby authorize the Cleburne Police Department to make an examination of my background and references for the purpose of evaluating my application.

I also understand that any arrest or falsification of any information included in this application may be grounds for rejection of my application.

I certify that my answers are true and complete to the best of my knowledge.

Signature: _____ Date: _____