





City of Braidwood Police Department

141 W. Main Street
Braidwood, Illinois 60408
Phone: (815) 458-2342
Fax: (815)-458-6160

CITIZEN POLICE ACADEMY APPLICATION FORM

All applicants must be 21 years or older. Braidwood residents will receive first priority. Your signature authorizes the Braidwood Police Department to conduct a background investigation and waives liability against the Braidwood Police Department and its members. The Braidwood Police Department reserves the right to deny entry or seek removal from the program as deemed necessary.

The information provided through the City of Braidwood Citizens Police Academy is not a substitute for legal or other professional advice where the facts and circumstances warrant. If any participant requires legal advice or professional assistance, they should always consult their legal or other professional advisor and discuss the facts and circumstances that apply.

Full Name: _____ **Phone:** _____

Current Address: _____

City: _____ **State:** _____ **Zip:** _____

Email: _____ **Driver's License Number:** _____

Date of Birth: _____ **Social Security Number:** _____

Occupation: _____ **Length of Employment:** _____

Have you ever been convicted of a felony? Yes / No

If yes, please explain: _____

Please explain why you would like to attend the Braidwood Citizens Police Academy:

I signify the above information to be accurate.

Applicants Signature

Date