

**WHITESTOWN POLICE & FIRE CITIZEN ACADEMY APPLICATION**

**INSTRUCTIONS:** Fill out this application completely. All statements in your application are subject to verification. Incorrect statements may bar or remove you from consideration for participation in the Citizen Academy. If the space provided is inadequate, add another page and identify additional information by title. Complete every line. If something does not apply place N/A in that space. Print and use black or blue ink or complete the online application.

**PERSONAL INFORMATION:**

Last Name: \_\_\_\_\_

First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_

Other Names Used: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Age: \_\_\_\_\_ Birthdate: \_\_\_\_\_ Place of Birth: \_\_\_\_\_

Gender: \_\_\_\_\_ Race: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Hair Color: \_\_\_\_\_ Eye Color: \_\_\_\_\_  
(Optional)

Driver's License Number: \_\_\_\_\_ State of Issue: \_\_\_\_\_

What Other States Have You Held a Driver's License: \_\_\_\_\_

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

Email 1: \_\_\_\_\_

Email 2: \_\_\_\_\_

Check All That Apply:  Whitestown Resident  Worth Township Resident  Whitestown Business Owner

I authorize the Town of Whitestown to conduct a background check to obtain information relating to my acceptance and participation in the Police & Fire Citizen Academy Program. This may include a driving record history and/or criminal history check. My signature below authorizes the Town to conduct these checks.

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

*The Town of Whitestown will keep this information confidential.*

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STATE OF INDIANA     )  
                                  ) SS:  
COUNTY OF BOONE    )

Before me, the undersigned, a Notary Public in and for said County and State personally appeared \_\_\_\_\_  
and acknowledged the execution of the above Whitestown Police Officer & Firefighter Academy application.

IN WITNESS THEREOF, I do hereby set my hand and notarial seal as of the \_\_\_\_ day of \_\_\_\_\_  
2016.

Signed: \_\_\_\_\_

Printed: \_\_\_\_\_

Notary Public

My Commission Expires: \_\_\_\_\_ My County of Residence is: \_\_\_\_\_