Please Return To:

Murray Police Dept.
Crime Prevention Division
407 Poplar St.
Murray, KY 42071

Murray Police Department
Citizens Police Academy
Application Form

OFFICE USE ONLY

Date Received:

Background Check:

Notified:

Last Name:_____ First Name:_____ Middle Name:_____

Street Address:_____

City:_____ State:_____ Zip:_____

How long have you lived at your present address? Years:_____ Months:_____

Previous Address:_____
(If less than 5 years at present address)

Sex: M F Driver's License #_____
Circle One State Number

Email Address:_____

Date of Birth:_____ Phone:_____

Employer Name:_____ Occupation:_____

Employer Address:_____

Employer Phone:_____

List three personal references (Name, Address, Phone)

_____

_____

_____

All applicants must live, work or own property in the City of Murray. They must also be no less than 21 years of age.

I, the undersigned understand that a background check will also be conducted on me. I also understand and agree to the fact the Murray Police Department reserves the right to deny entry into the Citizens Police Academy based on the finding of the background check and/or any other lawful reason and is not required to disclose that reason to me. I understand that class size is limited and that I may be denied or offered a later class for this reason alone.

Applicant Signature:_____