



## Saint Louis Metropolitan Police Department Citizens Academy Application

Community Engagement and Organizational Development Division

### **Personal Information**

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

Home Address: \_\_\_\_\_  
City State Zip Code

If you are a St. Louis City resident, how long have you resided at this address? \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Sex: \_\_\_\_\_ SSN: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Driver's License/ Permit # \_\_\_\_\_ State: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Phone Number: (\_\_\_\_) \_\_\_\_\_ Alternate Phone Number: (\_\_\_\_) \_\_\_\_\_

E-mail Address: \_\_\_\_\_

### **If you own a business in the City of St. Louis, please complete the following section:**

Business Name: \_\_\_\_\_

Business Address: \_\_\_\_\_  
City State Zip Code

Business Phone Number: (\_\_\_\_) \_\_\_\_\_ Years of Ownership: \_\_\_\_\_

### **Emergency Contact Information**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_  
City State Zip Code

Phone Number: (\_\_\_\_) \_\_\_\_\_ Alternate Phone Number: (\_\_\_\_) \_\_\_\_\_

### **Employment Information**

Employer's Name: \_\_\_\_\_ Position: \_\_\_\_\_

Business Address: \_\_\_\_\_  
City State Zip Code

Employer's Phone Number: (\_\_\_\_) \_\_\_\_\_ Dates Employed: \_\_\_\_\_

**References**

Please list two character references who are not relatives

- 1. Name \_\_\_\_\_ Phone Number \_\_\_\_\_  
Occupation \_\_\_\_\_ Years Acquainted \_\_\_\_\_  
Relationship to Reference \_\_\_\_\_
- 2. Name \_\_\_\_\_ Phone Number \_\_\_\_\_  
Occupation \_\_\_\_\_ Years Acquainted \_\_\_\_\_  
Relationship to Reference \_\_\_\_\_

**Involvement Information**

Please list any civic groups, neighborhood associations or groups, business or professional organizations to which you belong (optional):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Have had any previous law enforcement training or experience? If so, please explain.

\_\_\_\_\_  
\_\_\_\_\_

Why are you interested in participating in the Citizens Academy?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Criminal History**

Have you ever been arrested, detained, taken into custody or convicted of a crime in this state, any other state, in military service, or elsewhere? If so, please provide the date, actual charge or violation, location (city/state), court disposition or sentence, police agency concerned. Minor City Ordinance/Traffic Convictions need not be listed unless you were arrested.

\_\_\_\_\_  
\_\_\_\_\_

Applicants who are found to have committed any serious crimes may be excluded from consideration even if no conviction occurred. Applicants who are found to have intentionally falsified or omitted any information from this application will be disqualified from further consideration.

I certify that answers given in this internship application are true and complete to the best of my knowledge. I understand and agree that the St. Louis Metropolitan Police Department will perform a criminal history inquiry.

**Completed applications can be mailed to:**

Community Engagement and Organizational  
Development Division  
Metropolitan Police Department  
1915 Olive St.  
St. Louis, MO 63103  
Or  
emailed to citizensacademy@slmpd.org

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

**Questions?**

Contact:  
314-444-5638