Evanston Police Department
Citizen's Police Academy
Application for Enrollment
1454 Elmwood Avenue
Evanston, Il. 60201
Main Line: (847) 866-5000
(847) 866-5019 (Main)
(847) 864-6090 (Fax)

PRINT NAME: _____
LAST FIRST MIDDLE

_____
DATE OF BIRTH **DRIVERS LICENSE NUMBER**

ADDRESS: _____
STREET APT #

_____
CITY STATE ZIP BEAT PST BEAT

_____
HOME PHONE **WORK PHONE** **CELL PHONE**

E-MAIL ADDRESS: _____

_____
EMPLOYERS NAME PHONE NUMBER YEARS AT PRESENT EMPLOYER

TYPE OF WORK / OCCUPATION _____

_____
ADDRESS CITY STATE ZIP PHONE

All applicants must reside or work in the City of Evanston and must be at least 18 years of age. A background review may be conducted on each applicant and the Evanston Police Department reserves the right to deny entry to the Academy based on that background review.

I affirm that all information on the above application is true and I authorize the Evanston Police Department to conduct a background review based on this application.

SIGNATURE: _____ **DATE:** _____

The Evanston Police and Community Partnership
Working Together