



Columbus Division of Police Citizen Police Academy Enrollment Application

Name Last		First		Middle		Date
Sex	DOB	Driver License / State ID #	Staff Use	CPA Class #	Primary Phone	
E-mail					Secondary Phone	
Home Address			City	State	Zip	
Current Employer			Occupation			
Employer Address				Work Phone		

<p>Do you have any past arrests, convictions, or pending court cases? Please address any misdemeanor or felony charges, including domestic violence or OVI. (You do not need to include minor misdemeanors, for example traffic tickets.)</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>If you answered "Yes" to the question above, please list the date, agency, charge, and disposition below.</p>	

<p>If you are not a Columbus resident, please explain your connection to the City. (for example, business/property owner, community involvement, employed within City limits, other)</p>

Please indicate how you first learned about the Citizen Police Academy program.

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| <input type="checkbox"/> Internet Search | <input type="checkbox"/> Referred by Friend/Neighbor |
| <input type="checkbox"/> Facebook/Social Media | <input type="checkbox"/> Referred by Police Officer |
| <input type="checkbox"/> Flyer or Brochure Handout | <input type="checkbox"/> Other |

Briefly explain why you wish to be accepted into the Citizen Police Academy.

Please list any community groups or activities with which you currently are or have been involved.

Participation in the program involves access to secure police facilities. For that reason, a complete background check will be conducted on each applicant. Please read the following statements carefully before acknowledging your agreement.

1. I do hereby authorize a review of and full disclosure of all records concerning myself to any authorized agent of the Columbus Division of Police whether the said records are of a public, private, or confidential nature.
2. I understand that the intent of this authorization is to give my consent for a full and complete disclosure of any and all records concerning any potential criminal activity. This may include, but is not limited to, criminal histories, driving records, traffic accidents, arrest reports, offense reports, or any other document.
3. I understand that any information obtained by a background investigation that is developed directly or indirectly, in whole or in part, upon this release authorization will be considered in determining my suitability for attendance at the Citizen Police Academy. I certify that any person(s) who may furnish such information concerning me shall not be held accountable for giving this information, and I hereby release said person(s) from any and all liability which may be incurred as a result of furnishing such information.
4. I authorize the release of my name and full disclosure of all records concerning myself to verify past and future applications with other law enforcement agencies.
5. I understand that application materials, to include this document, may be considered a public record and portions may be released upon a public records request. I also understand that I may be photographed or videotaped by the news media or the Columbus Division of Police during the course of this program. These pictures or videotapes will be used for news releases and informational promotions.
6. I hereby certify that there are no willful falsifications, omissions, or misrepresentations in the foregoing statements and answers to questions. I understand that any willful omission or false statement on this application shall be sufficient cause for rejection for enrollment, or dismissal from, the Columbus Division of Police Citizen Police Academy program.

Checking the box “I Agree” and typing your name and the date in the space provided serve as your electronic signature and your agreement with all of the above listed statements.

<input type="checkbox"/> I Agree	Full Name	Date
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Please email completed application as a .pdf file attachment to CPA@columbuspolice.org.

Alternately you can scan, fax, or mail completed applications to:

Columbus Division of Police
 Attention: CPA Coordinator
 1000 N Hague Ave
 Columbus, OH 43204
 Fax (614) 645-4246
CPA@columbuspolice.org