



## Elk City POLICE DEPARTMENT

*Professionalism | Respect | Integrity | Dedication | Excellence*

Name: (Please Print) \_\_\_\_\_

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

Date of Birth \_\_\_\_\_ Driver's License No: \_\_\_\_\_

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

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

E-Mail Address: \_\_\_\_\_

Other Connection with the City of Elk City (If you work or own property in Elk City):

Have you ever been convicted of a crime? If yes, explain: \_\_\_\_\_

Why do you wish to attend the Elk City Citizens' Police Academy? \_\_\_\_\_

Emergency Contact Name and Phone Number \_\_\_\_\_

### **Please initial after each section.**

All applicants must live or work in Elk City, own property in Elk City or have some other affiliation with the City of Elk City. Applicants must be 18 years of age or older. Applicants must have NO felony convictions or recent misdemeanor convictions. \_\_\_\_\_

Prior to acceptance, applicants will be investigated as to arrest for prior criminal offenses. A prior conviction will not automatically disqualify an applicant and will be considered only as it relates to the academy. \_\_\_\_\_

The facts set forth in my application are true and complete. \_\_\_\_\_

I hereby authorize an agent for the Elk City Police Department to make any investigation of my personal history deemed necessary for consideration to entry in the academy. \_\_\_\_\_

I understand that by attending this academy in no way makes me a police officer, it is strictly to inform me of how the police department functions. \_\_\_\_\_

### **AFFIDAVIT**

I understand a background check will be conducted on each applicant. I understand and agree that the Elk City Police may deny acceptance to the Citizens' Police Academy based on findings of that background check or other lawful reason and need not 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.

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Approved by: \_\_\_\_\_ Date: \_\_\_\_\_

Return to Elk City Police Department or email [cookj@elkcity.com](mailto:cookj@elkcity.com)