# Ottumwa Police Department
# Citizens Academy
## Application Form

The Academy consists of 8 classes held on Monday's from 6:00pm – 9:00pm during February & March.
Please **PRINT** or **TYPE** all information except where signature required.

Name:_____
First Middle Last

Address:_____
Street Apt. #

City:_____ State:_____ Zip Code:_____

E-Mail Address:_____

Phone:_____
Cell/Home Work

Date of Birth:_____ Driver's License Number:_____

Employer Name:_____ Occupation:_____

Have you been arrested for any offense other than a simple misdemeanor? _____ Yes _____ No

**READ BEFORE SIGNING**

By submitting your application, you certify that the information contained is true and complete to the best of your knowledge. Submitting your application authorizes the Ottumwa Police Department to make any investigation into your personal history deemed necessary for consideration to attend the Ottumwa Police Department Citizens Academy. All information will be confidential.

Signature:_____ Date:_____

**Completed applications should be submitted by 3:00 pm, Wednesday, January 1, 2025.**

**Please mail or hand-deliver applications to:** **Ottumwa Police Department**
**330 W. Second Street**
**Ottumwa, IA 52501**