

**MOCKSVILLE POLICE DEPARTMENT CITIZEN'S LAW ENFORCEMENT ACADEMY
APPLICATION**

Name:

Current Address:

Phone Number and E-Mail Address:

Date Of Birth:

Race: Sex:

Driver's License Number and State:

Is Your Driver's License Currently Valid?

Have You Ever Charged or Arrested For Any Criminal Offense? This Will Not
Necessarily Prevent You From Being Accepted To The Academy:

If yes, what charge (s) and when?

Explain What Took Place And Where:

Are there any mobility or communication issues we need to address? (IE: Hearing
Impaired, Wheelchair Access, etc):

If yes, please explain:

Please Share Why You're Interested In Learning More About Law Enforcement?

MOCKSVILLE PD OFFICE USE ONLY:

Date received:

Application Accepted:

Background Check Complete:

Participation Confirmed: