

LEXINGTON POLICE DEPARTMENT



CITIZENS POLICE ACADEMY Enrollment Application

PURPOSE:

The Citizen Police Academy provides an opportunity for citizens to learn firsthand about police operations. Through a series of lectures, field trips, and simulated activities, citizens are provided training similar to that of an actual police officer. The Academy is of benefit to the community and the department because it builds relationships and creates a cadre of citizens who are better informed about the reality of police work.

FORMAT:

The academy runs for ten weeks with most classes held between 7:00 p.m. and 9:00 p.m. on Tuesday nights.

LOCATION:

Unless otherwise specified, classes are conducted at the Police Department's training facility. Some off-site visits are made to other relevant locations.

INSTRUCTION:

Instruction is provided by Police Department personnel.

SAMPLE CURRICULUM:

Overview of Department Operations and Organization
Introduction to Community Oriented Policing
Patrol Functions / Traffic Control
Criminal Investigations / Crime Scene Investigation
Introduction to Criminal Law and Courtroom Procedure
Special Operations
Narcotics / Canine Operations
Victim Witness Assistance / Criminal Domestic Violence / Child and Elder Abuse

QUALIFICATIONS FOR PARTICIPATION:

Must be a minimum of 21 years of age. Applicant must either reside or work in the Town of Lexington. Must pass a criminal history background check.

CLASS SIZE:

The class will be limited to a maximum of twenty students and a minimum of ten students.

CONTACT INFORMATION:

The Citizens Police Academy is coordinated by the Lexington Police Department's Community Action Team. Please send written inquiries to the following address or call (803)359-6260 for additional information.

Lexington Police Department
111 Maiden Lane
Lexington, SC 29072

PLEASE READ CAREFULLY BEFORE PROCEEDING:

Due to the sensitivity and classified nature of the material that will be shared with you during the CPA, it is essential that each police academy applicant complete this application thoroughly and truthfully. It is imperative to the security of our agency that each accepted applicant is of good moral and legal standing. This form must be typewritten or printed in ink. All questions must be answered, if applicable. If not, indicate N/A (not applicable). Applications which are not complete and legible will not be considered. If space provided is not sufficient for complete answers, or you wish to furnish additional information, attach additional sheets to this form, and refer to the question answered. The information you provide in this application will remain confidential. You are responsible for obtaining correct addresses, to include street address, state, and zip code.

Return the completed application to:

*Lexington Police Department,
Attention: Citizens Police Academy
111 Maiden Lane
Lexington, SC 29072.*

PERSONAL DATA

APPLICANT MUST BE 21 YEARS OF AGE TO APPLY. INCOMPLETE AND/OR UNSIGNED APPLICATIONS WILL NOT BE CONSIDERED. PLEASE PRINT OR TYPE.

PERSONAL INFORMATION:

Name: _____ Phone # _____
Last First Middle

Street Address: _____

City: _____ State: _____ Zip Code: _____

Race: _____ Sex: _____ Height _____ Weight _____ Hair: _____ Eyes: _____

Date of Birth _____ Place of Birth (City & State) _____ Soc. Sec # _____

Driver's License # _____ State _____ Expiration Date: _____

Are you a resident of the Town of Lexington? _____ How long? _____

E-Mail Address _____

BACKGROUND INFORMATION:

*Note: A **CONVICTION** includes a guilty plea, payment of a traffic or other fine without court appearance, or a court conviction of a criminal or traffic offense. An **ARREST** constitutes being taken into police custody.*

Please explain briefly why you wish to be enrolled in the Lexington Police Department Citizens Police Academy.

If the answer to ANY of the below-asked questions is YES, please explain in detail. Give date, place, charge, and final disposition in each case. Attach additional sheets if necessary.

1. Have you ever been arrested for an offense other than a traffic violation? _____ (Yes/No)
If yes, please explain in detail showing the date of arrest, charge, location (jurisdiction) and action taken. Include the disposition for the charge (guilty / not guilty / dismissed / did not prosecute):

2. Have you ever been arrested for a traffic offense (example: Driving Under the Influence, Driving Under Suspension, Operating an Uninsured Vehicle, Leaving the Scene of an Accident, etc.)? _____ (Yes/No) *If yes, explain in detail showing the date, charge, location (jurisdiction) and action taken. Include the disposition for the charge (guilty / not guilty / dismissed / did not prosecute):*

3. Have you ever illegally possessed any drug or controlled substance that was not prescribed by a medical professional or given to you to hold while you were acting on behalf of, or employed to do so, by a law enforcement agency? _____ (Yes / No) *If yes, please explain:*

4. Have you ever illegally sold, given or distributed any drugs or controlled substances? _____ (Yes/No) *If yes, please explain:*

5. Have you been terminated from employment or asked to resign from employment within the past five years? _____ (Yes/No) *If yes, please explain the circumstances:*

6. Please list the addresses where you have resided in the past five (5) years.

EMPLOYMENT INFORMATION:

List information regarding the last two jobs that you have held (State retired, unemployed, etc., if applicable)

Current Employer (Name): _____ Date of Hire: _____
Business Address: _____ Phone: _____
Position / Job Title: _____ Name of Supervisor: _____

Previous Employer: _____ Date of Hire: _____
Business Address: _____ Phone: _____
Position / Job Title: _____ Name of Supervisor: _____

PERSONAL REFERENCES:

On a separate sheet of paper, please provide the names of at least two persons we may contact as a personal reference. Please include each person's name, address, home/work telephone numbers, their relationship to you, and the length of time you have known them.

Please list the name, address and contact information for someone that we may contact on your behalf in case of emergency.

Name: _____ Relationship: _____

Address: _____

Home Phone #: _____ Alternate Phone Number: _____

Before signing this form, please ensure that all the information you have disclosed to the Lexington Police Department is accurate and truthful. ***If you are unsure of any questions, please make sure that you clarify it with a police department representative prior to signing this document.*** Any misrepresentation given by any applicant will result in the denial of the applicant's request to participate in the Lexington Police Department Citizens Police Academy. We ask that you provide, without omission whatsoever, any and all information requested.

I, the undersigned, certify that the information given is true and accurate to the best of my knowledge.

Signature: _____ Date: _____

AUTHORIZATION FOR RELEASE OF INFORMATION

I, the undersigned, understand that the Lexington Police Department will be performing a criminal background and driving history check on me with reference to my application for the Citizens Police Academy. I hereby authorize the Lexington Police Department to have access to any and all driving record information and criminal information as it pertains to me. I understand that the Lexington Police Department considers any such information confidential and that the results of any such investigation will not be released to me. I further authorize the release of any information that is required to clarify my criminal background investigation, be it from any of the following:

- Personal references or any person(s) having knowledge regarding my character or reputation;
- Any past or present employer (to include the U.S. Armed Forces, Maritime Service, Veteran Administration, or U.S. Selective Service);
- Any Judge, Court, or Magistrate;
- Any State, Local, or Federal Law Enforcement Agency;
- Any Attorney-at-Law or other legal entity handling any criminal or traffic-related case related to me;
- Any State, Local, City or County Agency

A photocopy of this release form will be valid as an original thereof, even though the photocopy does not contain my original signature.

Applicant Signature

Date

Witness Signature

Date