

Arlington Heights Police Department Citizen Police Academy



Chief of Police | Gerald S. Mourning
Citizen Police Academy Director | Officer Carrie Regilio #301
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Name: _____
Last First Middle

Date of Birth: _____ SSN: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone Numbers:

Home: _____ Work: _____ Cell: _____

In Case of Emergency Contact:

Name: _____
Last First Middle

Relationship: _____ Phone: _____

Driver's License Number: _____ State: _____

Class: _____ Expiration: _____ Is license valid? Yes__No__

Have you ever been arrested for anything other than a traffic offense? Yes _____ No _____

If Yes, explain where, when and disposition:

Place of Employment: _____ Address: _____

City: _____ State: _____ Zip: _____

Occupation: _____

I certify that all statements made on this application are true and complete. I certify that I am at least 21 years of age and agree to allow the Arlington Heights Police Department to conduct a background check prior to my participation in the Citizen Police Academy. I agree and understand that any deliberate misstatement or omission of material facts may disqualify me to attend the Citizen Police Academy. My signature below acknowledges my understanding and agreement with the material provided.

Signature

Date

Mail completed application to:
Village of Arlington Heights Police Department
Attn: Officer Carrie Regilio #301 Community Services Bureau
200 E. Sigwalt Street
Arlington Heights, IL 60005

Persons with disabilities requiring auxiliary aids/services or written materials in accessible formats, please specify:
