



Juneau Police Department Citizens Academy Application



A background check will be conducted on each applicant. The Juneau Police Department reserves the right to deny applicants based on findings from the background check.

Applicant Information

Name: _____ Other Names Used: _____

Mailing Address: _____

Phone: _____ Alternate Phone: _____

Date of Birth: _____ Driver's License #: _____ State _____

Employment History

Company: _____ Job Title: _____

Address: _____

Supervisor: _____ Phone: _____

Start Date: _____ End Date: _____ Full Time Part Time

Reason for leaving: _____

Company: _____ Job Title: _____

Address: _____

Supervisor: _____ Phone: _____

Start Date: _____ End Date: _____ Full Time Part Time

Reason for leaving: _____

References

Reference: _____ Phone Number: _____

Reference: _____ Phone Number: _____

Reason for Application: _____

All information on the above application is true and accurate. I authorize the Juneau Police Department to conduct a background check on this application.

Applicant Signature

Date

Send to: Juneau Police Department, Attn: Lieutenant Scott Erickson
Fax: 907.586.4030, email: saerickson@juneaupolice.com