



Glendora Police Department Community Academy Application

First, Middle and Last, please print above

Address _____ City _____ Zip _____

Home Phone (____) _____ Cell Phone (____) _____

Email (required) _____ Age of Applicant _____

California Driver's License Number or California Identification Number:

_____/_____/_____/_____/_____/_____
(D.L or I.D.) (Number) (Exp. Date) Date of Birth- Mo/Day/Yr.

Spouses Name _____

Present Occupation (Company Name and Position) _____
(If retired, **please state** former occupation)

Has there been anything in your past that you believe might disqualify you from participation in the Community Academy? If yes, explain. (Please Print)

List Community Interests, Clubs, or Professional Memberships, etc.

In the space provided below, explain why you want to attend the Community Academy?

How did you hear about the Community Academy? _____

I certify that all statements on this form and any attachments are true and complete to the best of my knowledge and belief. I understand that any falsification of the information in this form may, if I am accepted, be considered grounds for immediate dismissal. I consent to a criminal record and warrant check to determine my eligibility to participate, and if accepted, to abide by all rules and regulations of the Academy. If you are selected, you will receive a notice by email. Please return the application to Glendora Police Department, CSO Nita Ulloa Pedroni, nulloa@glendorapd.org or to 150 S. Glendora Ave, Glendora, CA 91741

Signed: _____ Date _____