

LONE TREE POLICE DEPARTMENT CITIZEN'S POLICE ACADEMY APPLICATION

Please PRINT the information below legibly. This form must be completed in its entirety, (if applicable), and submitted to the Lone Tree Police Department, Records Section, **in person**. Please have valid photo identification available.

Name(Last)	(First) (Middle)
	AKA/Nickname
Date of Birth/ Place of	Birth
Are you a US Citizen? Yes / No if no, ple	ease provide VISA documentation along with application.
Drivers License Number	Expiration Date
Address	E-mail
Telephone numbers: Home ()	Work ()
In case of emergency contact:	Phone ()
	f so, please explain (date, location and disposition):
	ed in the past two years (date, location and disposition):
Employer Company Name	Address Occupation
Please explain the reason you would like to a	
signing, I do hereby certify that all information contained authorize the Lone Tree Police Department to verify crin history, as part of the background process. I agree to pro-	not have to disclose the reason, if any, for not being selected to the program. In I in this application is correct and accurate to the best of my knowledge. I further ninal history and driving records, as well as, personal references, and employment ovide my Driver's License when this application is submitted. If accepted I understand I respect and maintain that confidentiality whenever presented with it.
Signature	Date
OFFICIAL USE ONLY	
Completed by LTPD Records Department:	Copy of Driver's License QH QV