



FAIRBURN POLICE DEPARTMENT

CITIZENS POLICE DEPARTMENT APPLICATION

NAME: _____
FIRST LAST

ADDRESS: _____

PHONE: _____ EMAIL: _____

DOB: _____ DRIVERS LICENSE: _____
STATE: NUMBER:

EMPLOYER: _____
NAME: ADDRESS:

DO YOU LIVE IN THE CITY OF FAIRBURN? YES / NO

DO YOU OWN A BUSINESS IN THE CITY OF FAIRBURN? YES / NO

DO YOU WORK FOR THE CITY OF FAIRBURN? YES / NO

ARE YOU COMMITTED TO ATTENDING ALL OF THE SCHEDULED CLASSES? YES / NO

HAVE YOU EVER BEEN ARRESTED FOR ANY OFFENSE OTHER THAN MINOR TRAFFIC OFFENSES?

IF YES, WHAT FOR: _____
WHEN: _____ WHERE: _____

SHIRT SIZE (CIRCLE ONE) S M L XL XXL XXXL

I hereby certify that the information contained in this application is true and complete to the best of my knowledge. The Fairburn Police Department is authorized to make any investigation of my personal history deemed necessary for consideration to attend the Citizen Police Academy.

SIGNED: _____ DATE: _____

FOR OFFICIAL USE ONLY:

DATE /TIME RECEIVED: _____

CRIMINAL HISTORY CHECK DATE/TIME: _____

CHIEF APPROVAL: _____