

**CORAL SPRINGS POLICE DEPARTMENT  
CITIZENS POLICE ACADEMY  
Application**

Date: \_\_\_\_\_

First Name \_\_\_\_\_ M.I. \_\_\_\_\_ Last Name \_\_\_\_\_

Address: \_\_\_\_\_  
(Street) (City) (Zip)

Home Phone \_\_\_\_\_ Date of Birth \_\_\_\_\_ Place \_\_\_\_\_

Social Security # \_\_\_\_\_ - - \_\_\_\_\_ Driver's License# \_\_\_\_\_

Place of Employment: \_\_\_\_\_ Phone \_\_\_\_\_

Gender:    M    F    Race: \_\_\_\_\_    Physical Condition: Excellent    Good    Fair    Poor   

Is there any medical condition that would prohibit you from performing any physical activity?

\_\_\_\_\_  
\_\_\_\_\_

Please explain briefly why you want to be enrolled in the Coral Springs CPA.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Have you ever been arrested for any offense?    Yes    No   

If yes, please explain: \_\_\_\_\_

\_\_\_\_\_

Please list two character references:

Name: \_\_\_\_\_ Phone \_\_\_\_\_

Address: \_\_\_\_\_

Name: \_\_\_\_\_ Phone \_\_\_\_\_

Address: \_\_\_\_\_

**Please review your answers carefully and read the statement below before signing this application.**

"I certify that there are no willful misrepresentations, omissions or falsifications in the above statements and answers to questions. I understand that any omission or false statements on this application shall be sufficient cause for rejection for enrollment or dismissal from the Coral Springs Police Department's Citizens' Police Academy. I further give my consent to the Coral Springs Police Department to conduct a thorough background investigation that may include any criminal history, employment history and personal references."

\_\_\_\_\_  
(Applicant's Signature)

\_\_\_\_\_  
(Date)