

# *Alexander City Citizens*



# *Public Safety Academy Application*

**ALEXANDER CITY  
PUBLIC SAFETY ACADEMY APPLICANT FORM**

*To apply you must be at least 18 years of age.*

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

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

Phone: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ AGE \_\_\_\_\_

Drivers License Number: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Street Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

PLEASE PRINT CLEARLY

References:

1. Name: \_\_\_\_\_

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

Telephone: \_\_\_\_\_

2. Name: \_\_\_\_\_

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

Telephone: \_\_\_\_\_

In emergency, please contact: Name:

\_\_\_\_\_

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

Telephone: \_\_\_\_\_

Return To:

Alexander City Police Department  
Attention: SGT. James Orr  
P.O. Box 943  
Alexander City Al 35010

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**APPROVAL FOR BACKGROUND INVESTIGATION,  
CRIMINAL HISTORY AND DRIVERS LICENSE CHECK**

As a applicant for the academy, I realize that a background investigation, criminal history, and drivers license check will be done.

I hereby authorize the Alexander City Police Department to do a background check on my records.

List ALL names you have ever used including maiden name:

**Name:** \_\_\_\_\_  
**(PRINT) LAST, FIRST MIDDLE**

**Address:** \_\_\_\_\_ **Apt.:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Date of Birth:** \_\_\_\_/\_\_\_\_/\_\_\_\_ **Soc. Sec. #** \_\_\_\_-\_\_\_\_-\_\_\_\_

**Drivers License Number:** \_\_\_\_\_

**Sex:** \_\_\_\_\_ **Race:** \_\_\_\_\_

**Signature:** \_\_\_\_\_

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