

**EL PASO POLICE AND TEXAS DEPARTMENT OF PUBLIC SAFETY
JOINT CITIZEN POLICE ACADEMY
APPLICATION FOR ENROLLMENT**

APPLICANT MUST BE 18 YEARS OF AGE TO APPLY (NO HIGH SCHOOL STUDENTS).
PLEASE BE SURE TO COMPLETE THE ENTIRE APPLICATION AND RETURN TO:

Via email: 2828@elpasotexas.gov or marc.couch@dps.texas.gov or in person to:

El Paso Police Headquarters (911. N Raynor) or
Texas Department of Public Safety (11612 Scott Simpson).

Start Date: February 4, 2020

PLEASE PRINT CLEARLY.

PERSONAL:

NAME: _____ DATE OF BIRTH: _____
Last, First, MI mm/dd/yy

ADDRESS: _____
Street # Street name Apt Zip

PHONE: (____) _____ / (____) _____ / (____) _____ / (____) _____
Night Time Day Time Cell Other

TX DRIVERS LICENSE #: _____ TX ID CARD #: _____

E-MAIL ADDRESS (For contact/information only): _____

EMPLOYER: _____ OCCUPATION: _____

BUSINESS ADDRESS: _____

BUSINESS PHONE:(____) _____

Disqualifiers:

1. Conviction of any offense of a Class A Misdemeanor or higher.
2. Currently the subject of, or included "party" of a criminal investigation that has not been adjudicated.
3. Currently having an outstanding warrant for arrest.
4. Any convictions of any offense involving Family Violence.

The listed disqualifiers will result in immediate removal of consideration for attending this event.

I understand that my signature authorizes the El Paso Police Department/Texas DPS to verify all information contained in this application. I authorize the El Paso Police Department/Texas DPS to conduct a criminal history check on myself as a requirement to attend the Joint Citizen Police Academy. I further acknowledge and consent to images (photographs) taken during this program and understand that these images may be used in future advertisements, promotional materials, or online forums. This consent may be removed by written request to the El Paso Police Department and Texas DPS.

APPLICANTS SIGNATURE

DATE

EMERGENCY CONTACTS:

List two immediate family members or friends that we can contact in the event of an emergency.

NAME: _____ RELATIONSHIP _____

ADDRESS: _____ PHONE #S: _____

NAME: _____ RELATIONSHIP _____

ADDRESS: _____ PHONE #S: _____

SPECIAL ACCOMMODATIONS:

Please let us know of any special accommodations required due to any disability or illness.

ADDITIONAL INFORMATION:

Please let us know how you heard about our program:

Tell us why you would like to join the Citizen Police Academy?