

BENTONVILLE

POLICE



CITIZEN'S POLICE ACADEMY APPLICATION

Name: (Last) _____ (First) _____ (MI) _____

Address: _____ City: _____ State: ___ Zip: _____

Phone: (Work) _____ (Home) _____ (Emergency) _____

Date of Birth: (MM/DD/YYYY) ____/____/____

Physical Condition: Excellent: _____ Good: _____ Poor: _____

Occupation: _____ Place of Employment: _____

Email address: _____

Why do you wish to attend the Citizen's Police Academy?

Have you ever been arrested? If yes, what crime and when?

Give the name, address, and phone number of two character references:

1. _____
2. _____

Applicants are required to be at least 21 years of age and have no criminal record, (no felony convictions and/or arrests for Domestic Abuse Laws) because of firearms training that will take place during this course. Please return this application to the Bentonville Police Department in person, via fax at 479-271-3187, or mail it in at the following address:

Bentonville Police Department
Attn: Lieutenant Michael Martin
908 SE 14th Street
Bentonville, AR 72712

Any questions about participating in or general questions about the Citizen's Police Academy prior to submitting the application, please contact Lieutenant Michael Martin at 479-271-5967 or via email at michael.martin@bentonville.arkansas.gov .