



CONWAY CITY POLICE DEPARTMENT

**CITIZENS POLICE ACADEMY APPLICATION**

Instructions: The CPA application must be filled out completely in order to be accepted. An original signed application must be submitted prior to the end of the advertised application deadline in order to be considered.

**PERSONAL INFORMATION**

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ MI: \_\_\_\_\_

Address: \_\_\_\_\_  
Street Number / Apartment Number / Street City/Town State Zip

Phone Number(s): (Home)\_\_\_\_\_ (Cell)\_\_\_\_\_ (Other)\_\_\_\_\_

Sex: \_\_\_\_\_ Race: \_\_\_\_\_ Male Female DOB: \_\_\_\_\_ Age: \_\_\_\_\_

E-mail Address: \_\_\_\_\_ Employer (If Employed): \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_ Number: \_\_\_\_\_

Please answer the following questions in order to assist the selection panel with evaluating your application

1. How did you learn about the Conway City Police Department's Citizens Police Academy?
2. Why are you interested in attending the Citizens Police Academy?
3. Have you ever been convicted of or do you have any criminal charges pending for any offenses other than minor traffic infractions? If yes, explain (if you are unsure if a particular charge is relevant, it is best to list it for the panel).
4. List any associations, clubs, or organizations you are affiliated with.

Please provide the selection panel with two (2) personal references. Complete names, addresses, and phone numbers must be provided for each reference. Immediate family members may not be used.

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

Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

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

Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

Please provide the selection panel with two (2) professional references. Complete names, addresses, and phone numbers must be provided for each reference. Immediate family members may not be used.

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

Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

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

Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

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Please read the following statement carefully and sign before submitting.

I have reviewed this application and the information I have provided. I certify that the information I have provided is true and accurate and there are no willful misrepresentations. I understand that any omissions or false statements on the application will be sufficient cause for rejection for enrollment or dismissal from the Conway City Police Department's Citizens Police Academy.

I understand that the Conway City Police Department will be conducting a thorough background and criminal history investigation to assist in determining eligibility. I further state that I have never been convicted of a felony offense in any state.

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please mail or deliver signed, completed applications to:

Conway City Police Department  
Attn: Cpl. Christopher Jones  
1600 9<sup>th</sup> Ave  
Conway, SC 29526

**Please contact Cpl. Chris Jones with any questions at [cjones@cityofconway.com](mailto:cjones@cityofconway.com)**

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**For Citizen's Police Academy Evaluation Staff Only**

Disposition/Decision:      Accepted      Rejected      Date Notified: \_\_\_\_\_