



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: Sgt. Johnathan McAllister  
1600 9<sup>th</sup> Ave  
Conway, SC 29526

**Please contact Sgt McAllister with any questions at 843-488-7657**

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

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