

CITY OF MONTEREY PARK

POLICE DEPARTMENT

320 West Newmark Avenue • Monterey Park • California 91754-2896
(626) 573-1221 www.montereypark.ca.gov



_____ Kelly Gordon _____

_____ Chief of Police _____

Community Academy Application

Please submit this Application Along with a Copy of Your I.D./Driver's License

Full Legal Name: Mr. / Ms. _____
(Please circle one) First Middle Last

Address: _____
 No. and Street City Zip Code

Home Phone : (____) _____ Bus. Phone: (____) _____ Cell: (____) _____

California Driver's License Number or Other Identification:

_____/_____/_____
(Type of ID.) (Number) (Exp. Date) Date of Birth (Mo/Day/Yr)

Nickname for name tag purposes: _____ Spouse's Name: _____

Present Occupation: _____

Has there been anything in your past that you believe might disqualify you from participating in the Community Academy? If yes, explain (Please Print).

List Community interests, clubs, or professional memberships etc.

In the space provided below, explain why you want to attend the Community Academy.

How did you hear about the Community Academy?

I certify that all statements on this form and any attachments are true and complete to the best of my knowledge and belief. I understand that any falsification of the information in this form and attachments may, if I am accepted, be considered grounds for immediate dismissal. I understand all statements are subject to verification.

I am aware of the expectations of the Community Academy and agree to abide by them.

Applicant's Signature: _____ Date: _____

Received by: _____ Date: _____

Background completed by: _____ Date: _____

Call made to Community Academy applicant: By: _____ Date: _____

Accepted / Denied (If so, please give them explanation)