



Orland Police Department
Citizen's Academy Application
 (Please Print or Type Clearly)



Full Name: _____

Date of Birth: _____ Driver's License / ID #: _____ St: _____

Mailing Address: _____

City, State, and Zip Code _____

Home Phone: _____ Cell Phone: _____ Work Phone _____

Occupation: _____ Email address: _____

Employer Name: _____

Employer Address: _____

Have you ever been charged with and/or convicted of a felony? . _____ If yes, Please Explain (include dates):

Have you ever been charged with and/or convicted of a misdemeanor? _____ If yes, Please Explain (include dates):

Why do you wish to attend the City of Orland Police Department's Citizen Academy?

I hereby certify that all statements made in this application are true and complete to the best of my knowledge and belief. I understand that false or misleading statements or missing information is cause for rejection of application, removal, or dismissal from the program. I authorize the Orland Police Department to conduct a criminal history check prior to my acceptance into the Citizen's Academy.

Signed: _____

Date _____