

CITIZENS POLICE ACADEMY APPLICATION

Date of Application Email Address

Last Name First Name Middle Initial

Street Address

City, State, Zip

Phone Date of Birth

* * * * *

Place of Employment

Street Address, City

Description of Employment Position:

What particular part of the criminal justice system would you like to know more about?
Are there any local issues that you would like discussed during the class?

Have you ever been arrested/convicted of a crime? If yes, please describe. (Exclude
Traffic Violations)

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PLEASE COMPLETE THIS APPLICATION FORM AND RETURN TO:

Chief William Schremp
ROTHSCHILD POLICE DEPARTMENT
211 Grand Avenue

Rothschild, WI 54474