

City of Frankfort

Mayor
William I. May, Jr.

Police Chief
Jeff Abrams

POLICE DEPARTMENT
300 West Second Street, P.O. Box 697
Frankfort, Kentucky 40602
www.frankfort.ky.gov
(502) 875-8523

Commissioners
Lynn Bowers
Tommy Z. Haynes
Robert E. Roach
John R. Sower

FRANKFORT POLICE DEPARTMENT CITIZENS POLICE ACADEMY APPLICATION

(Please print or type information)

FULL LEGAL NAME _____
Last Name First Middle

Date of Birth: _____ **Sex:** _____ **Race:** _____ **Social Security #** _____ - _____ - _____

Current Address: _____

(City) (State) (Zip Code)

Home Telephone: _____ **Cell:** _____

Employer: _____ **Occupation:** _____

Work Address: _____
(Street Address)

****E-mail Address :** _____ **(REQUIRED FIELD)****

List any organizations that you are affiliated with:

Briefly state why you would like to be in the CITIZENS POLICE ACADEMY:

READ

Your signature on this form indicates you are granting permission for the Frankfort Police Department to conduct a Criminal History check on you, prior to your participation in the Citizens Police Academy. It is further agreed that should this Criminal History check reveal any convictions of a criminal nature or high traffic offenses, the Frankfort Police Department may, at their discretion disallow your participation in this program.

Signature: _____ **Date:** _____

*Please return form to the address above.



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