

IRVINE COMMUNITY POLICE ACADEMY APPLICATION

NAME: _____ CALIFORNIA DRIVERS LICENSE: _____

ADDRESS: _____ CITY: _____ ZIP: _____

HOME PHONE: _____ E-MAIL: _____ DATE OF BIRTH: ___/___/___

BUSINESS NAME: _____ OCCUPATION: _____

BUSINESS ADDRESS: _____ WORK PHONE: _____

REASON FOR PARTICIPATION: _____

LIST ALL INSTANCES INVOLVING LAW ENFORCEMENT IN THE LAST THREE YEARS. INCLUDE ANY CONTACTS AT YOUR RESIDENCE OR PLACE OF EMPLOYMENT FOR ANY PURPOSE: _____

Mail to:

Irvine Police Department - Office of Professional Development
P.O. Box 19575, Irvine, CA 92623-9575
(949) 724-7140/Fax: (949) 724-1683

Internet: <http://www.irvinepd.org> e-mail: prevent1@ci.irvine.ca.us