



Martin Police Department
Citizens Police Academy
Application

Name _____ Social Security Number _____
Last First Middle

Address _____ Date of Birth _____
Number Street or P.O. Box Apt.# Month Day Year

City State Zip Code

Home Phone _____ Work Phone _____
Area Code Phone Area Code Phone

Education _____
High School or GED College Name Degree or Number of Years

Occupation _____
Business Name (Former if Retired) Position Years Employed

Referred by _____

Reason you wish to attend:

Please send application to:
Martin Police Department
ATTN: CPA
P.O. Box 9
Martin, TN 38237