



Applicants must be 18 years of age or older to attend Academy. No prior felony convictions.

This application is due no later than 30 days prior to the first day of class in order to be considered. There are only 20 openings in each academy class; therefore, not every applicant will be accepted. An eligibility list will be established for last minute cancellations. You will be notified the week prior to the start of class of the status of your application.

Date of Application: _____

Name: _____
Last First Middle

Maiden Name: _____

Date of Birth: ____ / ____ / ____ Age: ____ S.S#: ____ - ____ - ____

Home Address: _____

City: _____ State: _____ ZIP: _____

Mailing address if different: _____

City: _____ State: _____ ZIP: _____

E-Mail Address: _____ ☐ H ☐ C Phone: ____ - ____ - ____

Emergency Contact: _____ Relation: _____ Phone: ____ - ____ - ____

Address: _____

Place of Employment: _____ Occupation: _____ Phone: ____ - ____ - ____

List all memberships in community groups, civic organizations, etc:

What is your objective in enrolling in the Citizen's Academy and why should you be considered?



Please answer YES or NO to the following questions and provide explanations where needed.

- 1) Do you have a valid driver's license? ☐ YES ☐ NO
- 2) Are you 18 years of age or older? ☐ YES ☐ NO
- 3) Do you have any special needs that require accommodations in order for you to participate in the program? ☐ YES ☐ NO
If YES, please explain: _____
- 4) How did you hear about the citizen academy? _____
- 5) Do you know someone who has already completed a citizen's police academy before?
☐ YES ☐ NO If YES, who? _____
- 6) Have you ever applied for the academy before? ☐ YES ☐ NO
If YES, please explain: _____
- 7) Have you ever been through another citizen's academy before? ☐ YES ☐ NO
If YES, Where: _____
- 8) Are you interested in law enforcement as a career? ☐ YES ☐ NO
- 9) I understand this program is not the regular police academy but a program to familiarize me with my local Police Department and staff, and will not certify me as a Law Enforcement Officer.

Please note: This application must be completed fully and signed. Any missing information will disqualify the applicant from consideration.

Email the completed application to **police@castlehills-tx.gov** by pressing SUBMIT or bring to:

209 Lemonwood Dr.
Castle Hills, TX 78213



If you are accepted as a student, you will receive instruction and educational materials related to the law enforcement mission of the Castle Hills Police Department. As the material presented will be of a privileged or confidential nature and due to the sensitivity of the information, it is necessary for the Castle Hills Police Department to conduct a background check to determine suitability of those persons desiring to attend the academy classes. Please answer the following questions as accurately and completely as possible. Any intentional misrepresentation or omission of facts will be grounds for denial of admission to the academy, or if already enrolled, immediate termination. A criminal history check will be made on all persons making application for enrollment. Class A and Class B Misdemeanor convictions will be accepted only on a case by case basis. No violent criminal offenses or felony convictions will be accepted.

Driver's License Number: _____ State: _____

Do you go by any other names or aliases now or have you in the past? ☐ Yes ☐ No

If yes- Explain: (Do not include maiden name unless used in the last 5 years.)

Are you a member of, or ever been affiliated with a law enforcement agency? ☐ Yes ☐ No

If yes- Explain:

Have you ever lived outside of the U.S. (or its territories) in excess of 90 days? ☐ Yes ☐ No

If yes- Explain:

Have you ever been convicted of a Class B, Class A or Any Felony Offense, or are you currently on probation for any offense? ☐ Yes ☐ No

If yes- Explain:

APPLICANT MUST COMPLETE THE FOLLOWING:

I, _____ hereby acknowledge that I have completed the above application completely and accurately to the best of my knowledge. I also acknowledge that the Castle Hills Police Department will be conducting a background investigation on me to determine my suitability for admission to this program. Permission is hereby granted to perform a background investigation based on the information given in this application.

Signature of Applicant: _____ Date: _____

☐ By clicking this box, I acknowledge the above statement and choose to electronically submit my application.



POLICE RIDE-ALONG RELEASE OF LIABILITY

THE UNDERSIGNED EXPRESSLY WAIVES ALL RIGHTS OF ACTION, CLAIMS AND DEMANDS AGAINST ALL PERSONS WHOMSOEVER CONNECTED TO THE CITY OF CASTLE HILLS, TEXAS.

IN WITNESS WHEREOF, I have hereunto set my hand this the _____ day of

_____, 20____.
