

MARSHALLTOWN CITIZEN ACADEMY APPLICATION  
MARSHALLTOWN POLICE DEPARTMENT  
Michael W. Tupper, CHIEF OF POLICE

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NAME: \_\_\_\_\_  
          First                                  Middle                                  Last

DATE OF BIRTH: \_\_\_\_\_ SEX:  M  F

ADDRESS: \_\_\_\_\_  
          Street                                  Apt.  City                                  State  Zip

HOME PHONE: \_\_\_\_\_ WORK PHONE: \_\_\_\_\_

DL NUMBER: \_\_\_\_\_ EMAIL: \_\_\_\_\_

EMPLOYER: \_\_\_\_\_ OCCUPATION: \_\_\_\_\_

EMPLOYER'S ADDRESS: \_\_\_\_\_  
          Street                                  Apt.  City                                  State  Zip

Have you been arrested for any offense other than traffic?  No  Yes

If yes, please explain. \_\_\_\_\_

What do you expect to gain from this program? \_\_\_\_\_

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Will you be able to attend all nine sessions?  Yes  No

I hereby certify that the information contained in this application is true and complete to the best of my knowledge. The Marshalltown Police Department reserves the right to verify all information on this application.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

*Please complete by March 4, 2013 and return to:  
Marshalltown Police Department, 22 North Center Street, Marshalltown, IA 50158*