



# Andover Police Department

## Citizens Police Academy

### Application



Date: \_\_\_\_\_

Name: \_\_\_\_\_  
(First) \_\_\_\_\_ (Middle) \_\_\_\_\_ (Last) \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

e-mail: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Driver's License Number: \_\_\_\_\_

Employer: \_\_\_\_\_

Occupation: \_\_\_\_\_

Employer's Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Have you been arrested for an offense other than traffic? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, what was the offense? When and where did it occur?  
\_\_\_\_\_  
\_\_\_\_\_

List any civic activites / organizations you are involved in:  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Describe your experience with law enforcement:      Positive      Negative

Briefly Explain:

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Please tell us why you're interested in the Citizen Police Academy:

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What do you expect to gain from attending the academy?

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**Emergency Contact:**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Relationship: \_\_\_\_\_

Phone: \_\_\_\_\_

**Liability Waiver**

I hereby certify that the information contained in this application is true and complete to the best of my knowledge. You are hereby authorized to make any investigation of my personal history deemed necessary for consideration to attend the Citizen Police Academy.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Completed applications are to be sent to [tgresham@andoverks.gov](mailto:tgresham@andoverks.gov) or

Captain Tom Gresham

909 N. Andover Road

Andover, Kansas 67002

Applications are due no later than 5:00 p.m. on Monday, June 16, 2025.