



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 activities / organizations you are involved in:

Describe your experience with law enforcement: Positive Negative

Briefly Explain:

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

What do you expect to gain from attending the academy?

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 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.