



Solon Police Department

Citizens Academy Application Form

Applicant must be 18 years of age or older to attend the Citizens Academy.
Applicants must live or work in the City of Solon.
No prior felony convictions.

Print in ink or type all answers. If more space is needed, use an additional sheet of paper.

Date: _____
Last Name: _____ First: _____
Full Middle Name: _____
DOB: _____ Age: _____ Driver's License# _____
Home Address: _____
City: _____ State: _____ Zip Code: _____
E-Mail Address (Home): _____
Home Phone #: _____ Mobile #: _____
Occupation: _____
Company Name: _____
Address: _____ City: _____
State: _____ Zip Code: _____ Bus. Phone #: _____
E-Mail Address: _____
In case of emergency please notify:
Name: _____ Home Phone #: _____
Cell Phone #: _____
Address: _____
Relationship: _____

Please answer (yes or no) to the following question and provide explanations where needed.

1. Have you ever been arrested for a crime other than traffic offenses? Yes No If yes, please explain with disposition and dates.

(Note: Any applicant convicted of a felony is ineligible to attend.)

2. Do you have a valid driver's license? Yes No
3. Are you 18 years of age or older? Yes No
4. Do you have any special needs that require accommodation in order for you to participate in this program? Yes No
Explain if you circled yes: _____
5. Are you allergic to anything? _____
Please explain: _____

6. How did you hear about the Academy?

7. Do you know someone who has already gone through the Academy before? Yes No

8. Do you know any Solon Police Officers?

9. Have you ever applied for the Academy before? Yes No If yes, please explain:

I hereby certify that there are no willful falsifications, omissions, or misrepresentations in the foregoing statements and answers to questions. I understand that any omission or false statement on this application shall be sufficient cause for rejection for enrollment or dismissal from the City of Solon Police Department Citizens Police Academy. I also grant permission for the Solon Police Department to verify the above information contained on this application and check for prior criminal history.

Signature of applicant: _____

Date:

Solon Police Department
Attention: Sgt. Courtenay Perkins
33000 Solon Road, Solon, Ohio 44139
Phone: (440) 248-1234
Fax: (440) 248-6751
E-Mail: cperkins@solonohio.org

Please do not publish my information in the Class Roster.
Please do not add my email address to the Alumni Mailing List.

* To successfully graduate from the Solon Police Department Citizens Police Academy, we require that you attend at least eight (8) of the nine (9) presentations. If you must miss one class, please notify Sgt. Perkins as soon as possible.