



Application for Hercules Police Department Community Police Academy

Name (First, Middle, Last)

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Telephone number(s): Home / Cell / Work

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CA Driver's License Number or Identification Number / Date

Email Address

Date of Birth / Gender / Place of Birth

Please provide your "polo" shirt size:

Present Address (Street, City, State, Zip)

S M L XL 2X

Former Address (Street, City, State, Zip) [If less than 5 years at present address]

Occupation / Employer / Phone Number / Number of years

Are you related to anyone in the Hercules Police Department or who works for our City, or is on Council or Commission? List:

Are you a member of any local civic group, non-profit, or chamber of commerce, etc.?

Would you need any special accommodations to take this course? (Larger Print / Wheelchair Access, etc.)

Briefly describe your interest in participating in this academy:

Please provide the name, address, and phone number of two people that we could contact for references.

1.

2.

In order to qualify for this academy, you must allow the Hercules Police Department to conduct a background check.
If you give your permission to do so, please print, sign, and date below:

Print

→

Sign

Date