

**HILLSIDE CITIZEN'S POLICE ACADEMY**

Applicants must be 18 years of age or older. Please type or print.

**PERSONAL INFORMATION**

Name \_\_\_\_\_  
Last First Middle

Date of Birth \_\_\_\_\_ Driver's License Number \_\_\_\_\_

Address \_\_\_\_\_  
Full Street Number/Name

Telephone \_\_\_\_\_  
Home (if appl.) Cellular Work

How long have you been a Hillside resident? \_\_\_\_\_

How long have you been a Hillside business owner/employee? \_\_\_\_\_

Name and address of business: \_\_\_\_\_  
\_\_\_\_\_

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

I understand that this training is free of cost to me and that my only obligation is to make every reasonable effort to attend and participate in all sessions. BY SIGNING BELOW, I AUTHORIZE THE HILLSIDE POLICE DEPARTMENT TO CHECK MY DRIVING RECORD AND CRIMINAL RECORD, IF ANY, FOR PURPOSES OF ATTENDING THE CITIZEN'S POLICE ACADEMY. I UNDERSTAND THAT THE HILLSIDE POLICE DEPARTMENT AND THE VILLAGE OF HILLSIDE RESERVE THE RIGHT TO EXCLUDE MY PARTICIPATION AT ANY TIME. **I UNDERSTAND THAT THE PROGRAM DOES NOT PROVIDE GRADUATES WITH POLICE AUTHORITY OR THE ABILITY TO ACT AS POLICE OFFICERS.**

\_\_\_\_\_  
Applicant Signature Date

Please drop off or mail the completed application to:

Hillside Police Department  
Citizens Police Academy, ATTN: Sgt. Reed or Ofc. Villarreal  
425 Hillside Ave.  
Hillside, IL 60162

**Note: your application will be kept on file, and you will be contacted when the next academy class is scheduled.**

Classes will be on Thursdays (6-9pm) beginning on September 05, 2019 for 10 weeks .