



# ANDERSON POLICE DEPARTMENT

## CITIZENS POLICE ACADEMY

### Enrollment Application

**PURPOSE:** The Anderson Police Citizen Police Academy (CPA) provides an opportunity for citizens to learn firsthand about police operations. Through a series of lectures, field trips, and simulated activities, citizens are provided training similar to that of an actual police officer. The CPA is beneficial to the community and the department because it builds relationships and creates a cadre of citizens who are better informed about the reality of police work.

**FORMAT:** The CPA runs for ten weeks, with most classes held 6-8 PM on Tuesday nights, February 4-April 7. Instruction is provided by Police Department personnel. The class will be limited to a maximum of thirty students and a minimum of twelve students.

**LOCATION:** Unless otherwise specified, classes are conducted at the City of Anderson. Some off-site visits are made to other relevant locations.

#### **SAMPLE CURRICULUM:**

- ✓ Overview of Department Operations and Organization
- ✓ Detention
- ✓ Patrol / Traffic
- ✓ Criminal Investigations / Crime Scene Investigation
- ✓ Internal Affairs and Courtroom Procedure
- ✓ Special Operations - SWAT
- ✓ Narcotics / Canine Operations
- ✓ Firearms simulator
- ✓ Driving

**QUALIFICATIONS FOR PARTICIPATION:** Must be at least 18 years old. Applicant must either reside or work in the City of Anderson, and must pass a criminal history background check.

**PLEASE READ CAREFULLY BEFORE PROCEEDING:** Due to the sensitivity and classified nature of the material that will be shared with you during the CPA, it is essential that each CPA applicant complete this application thoroughly and truthfully. It is imperative to the security of our agency that each class member is of good moral and legal standing. This form must be typewritten or printed in ink. All questions must be answered, if applicable. If not, indicate N/A (not applicable). Incomplete and illegible applications will not be considered. If space provided is not sufficient for complete answers, or you wish to furnish additional information, attach additional sheets to this form and refer to the question answered. The information you provide in this application will remain confidential. You are responsible for obtaining correct addresses, including street address, state, and zip code.

**CONTACT INFORMATION:** The Citizens Police Academy is coordinated by the Anderson Police Department, Office of the Chief Jim Stewart. Please send written inquiries to the following address or call (864) 231-2272 for additional information.

**Return the completed application to:**

Anderson Police Department  
ATTN: Office of the Chief Jim Stewart  
401 South Main St, Anderson, SC 29621

# ANDERSON CITIZEN POLICE ACADEMY APPLICATION

APPLICANT MUST BE 21 YEARS OF AGE TO APPLY. INCOMPLETE AND/OR UNSIGNED APPLICATIONS WILL NOT BE CONSIDERED. PLEASE PRINT OR TYPE.

Name: \_\_\_\_\_ Phone # \_\_\_\_\_  
*Last First Middle*

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

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

Race: \_\_\_\_\_ Sex: \_\_\_\_\_ Height \_\_\_\_\_ Weight \_\_\_\_\_ Hair: \_\_\_\_\_ Eyes: \_\_\_\_\_

Date of Birth \_\_\_\_\_ Soc. Sec # \_\_\_\_\_ Place of Birth (City & State) \_\_\_\_\_

Driver's License # \_\_\_\_\_ State \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Are you a resident of the City of Anderson? \_\_\_\_\_ How long? \_\_\_\_\_

e-mail address \_\_\_\_\_

## **BACKGROUND INFORMATION**

**Note: A CONVICTION includes a guilty plea, payment of a traffic or other fine without court appearance, or a court conviction of a criminal or traffic offense. An ARREST constitutes being taken into police custody.**

**If the answer to ANY of the below-asked questions is YES, please explain in detail. Give date, place, charge, and final disposition in each case. Attach additional sheets if necessary.**

1. Have you ever been arrested for an offense other than a traffic violation? \_\_\_\_\_ (Yes/No)  
If yes, please explain in detail showing the date of arrest, charge, location (jurisdiction) and action taken.  
Include the disposition for the charge (guilty / not guilty / dismissed / did not prosecute):

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

2. Have you ever been arrested for a traffic offense (example: Driving Under the Influence, Driving Under Suspension, Operating an Uninsured Vehicle, Leaving the Scene of an Accident, etc.)? \_\_\_\_\_ (Yes/No)  
If yes, explain in detail showing the date, charge, location (jurisdiction) and action taken. Include the disposition for the charge (guilty / not guilty / dismissed / did not prosecute):

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

3. Have you ever illegally possessed any drug or controlled substance that was not prescribed by a medical professional or given to you to hold while you were acting on behalf of, or employed to do so, by a law enforcement agency? \_\_\_\_\_ (Yes / No) If yes, please explain:

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

4. Have you ever illegally sold, given or distributed any drugs or controlled substances? \_\_\_\_\_ (Yes/No)  
If yes, please explain:

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

5. Have you been terminated from employment or asked to resign from employment within the past five years? \_\_\_\_\_ (Yes/No) If yes, please explain the circumstances:

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6. Please list the addresses where you have resided in the past five (5) years.

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**EMPLOYMENT INFORMATION:**

List information regarding the last two jobs that you have held (list retired, unemployed, etc., if applicable)

Current Employer (Name): \_\_\_\_\_ Date of Hire: \_\_\_\_\_

Business Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Position / Job Title: \_\_\_\_\_ Name of Supervisor: \_\_\_\_\_

Current Employer (Name): \_\_\_\_\_ Date of Hire: \_\_\_\_\_

Business Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Position / Job Title: \_\_\_\_\_ Name of Supervisor: \_\_\_\_\_

**PERSONAL REFERENCES:**

**On a separate sheet of paper, please provide the names of at least two people we may contact as a personal reference. Please include each person's name, address, home/work telephone numbers, their relationship to you, and the length of time you have known them.**

**EMERGENCY CONTACT:** Please list the name, address and contact information for someone that we may contact on your behalf in case of emergency

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

Relationship: \_\_\_\_\_ Home phone: \_\_\_\_\_ Alt. Phone Number: \_\_\_\_\_

Before signing this form, please ensure that all the information you have disclosed to the Anderson Police Department is accurate and truthful. If you are unsure of any questions, please make sure that you clarify it with a police department representative prior to signing this document. Any misrepresentation given by any applicant will result in the denial of the applicant's request to participate in the Anderson Police Department Citizens Police Academy. We ask that you provide, without omission whatsoever, any and all information requested.

I, the undersigned, certify that the information provided is true and accurate to the best of my knowledge.

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

## AUTHORIZATION FOR RELEASE OF INFORMATION

I, the undersigned, understand that the Anderson Police Department will be performing a criminal background and driving history check on me with reference to my application for the Citizens Police Academy. I hereby authorize the Anderson Police Department to have access to any and all driving record information and criminal information as it pertains to me. I understand that the Anderson Police Department considers any such information confidential and that the results of any such investigation will not be released to me. I further authorize the release of any information that is required to clarify my criminal background investigation, be it from any of the following:

- Personal references or any person(s) having knowledge regarding my character or reputation;
- Any past or present employer (to include the U.S. Armed Forces, Maritime Service, Veteran Administration, or U.S. Selective Service);
- Any Judge, Court, or Magistrate;
- Any State, Local, or Federal Law Enforcement Agency;
- Any Attorney-at-Law or other legal entity handling any criminal or traffic-related case related to me;
- Any State, Local, City or County Agency.

A photocopy of this release form will be valid as an original thereof, even though the photocopy does not contain my original signature.

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*Applicant Signature / Date*

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*Witness Signature / Date*