



Winder Police Department
CITIZEN POLICE ACADEMY
APPLICATION

Name: _____ Date: _____

Phone Numbers: (H) _____ (W) _____

Address: _____

Employer: _____ Occupation: _____

Date of Birth: _____ SS#: _____

City & State of Birth: _____

Physical Condition: Excellent____ Good____ Fair____ Poor____

Why do you wish to attend the Citizen Police Academy?

How did you first hear about the Citizen Police Academy?

Have you ever been arrested or convicted of a crime? If yes, explain:

Name, phone number and address of two character references:

1.

2.

RETURN **ORIGINAL** APPLICATION & CRIMINAL HISTORY CONSENT FORM

TO: Winder Police Department, 94 N. Broad St., Winder, GA 770-867-2156

**WINDER POLICE DEPARTMENT
RELEASE OF CRIMINAL HISTORY CONSENT FORM**

I, _____
LAST NAME FIRST NAME MIDDLE

SOCIAL SECURITY NUMBER HEIGHT WEIGHT EYE COLOR HAIR COLOR

DATE OF BIRTH RACE SEX PLACE OF BIRTH (CITY/STATE)

Authorize:

The Winder Police Department, 94 N. Broad Street, Winder,
Georgia 30680, 770-867-2156

to obtain a copy of my criminal history record from the G.C.I.C. at
the Winder Police Department terminal or Barrow 911 Central
Communications terminal.

SIGNATURE OF SUBJECT

NOTICE: UNLESS ALL BLANKS ARE COMPLETED ON THIS FORM AND THE FORM IS NOTARIZED, NO
INFORMATION CAN BE OBTAINED.

SWORN TO AND SUBSCRIBED BEFORE ME

THIS _____ DAY OF _____, 20____.

NOTARY PUBLIC