

APPLICANT REGISTRATION

Applicants must be 18 years of age. Please type or print all information in black ink, incomplete applications will not be considered.

Name: _____
Last First Middle

Address: _____
Number Street City Zip

Telephone: _____
Home Work Cell

Driver's License Number: _____ State: _____

Date of Birth: _____ E-mail (Optional) _____

Were you recommended or advised to apply for admission by anyone? If so, who and what is their affiliation with the Ashwaubenon Citizen's Academy or the Ashwaubenon Department of Public Safety?

Who Affiliation

Please review your answers carefully and read the statement below before signing this application.

“I hereby certify that there are no willful misrepresentations, omissions, or falsifications in the foregoing statements and answers to the questions. I understand that any omissions or false statements and answers on this application shall be sufficient cause for rejection for enrollment or dismissal from the Ashwaubenon Citizen’s Academy.

I further understand that the Ashwaubenon Department of Public Safety will be conducting a background investigation, which may include, but is not limited to, criminal history, employment history and personal references. I have not been convicted of a felony offense in any jurisdiction. I also understand that any student may be removed from the Ashwaubenon Citizen’s Academy if said student is disruptive or otherwise inhibits the concept of the Citizen’s Academy Program.”

Applicant’s Signature

Date

Please check the top (3) classes listed below that interest you the most.

- | | | |
|--|---|--|
| <input type="checkbox"/> Department History | <input type="checkbox"/> Police Equipment | <input type="checkbox"/> School Liaison / D.A.R.E. |
| <input type="checkbox"/> Municipal Court | <input type="checkbox"/> Gangs | <input type="checkbox"/> Operating Under the Influence |
| <input type="checkbox"/> Illegal Drugs | <input type="checkbox"/> Defense & Arrest Tactics | <input type="checkbox"/> Emergency Medical Services |
| <input type="checkbox"/> Brown County Dispatch | <input type="checkbox"/> Fire Operations | <input type="checkbox"/> Range |
| <input type="checkbox"/> Life as a Cop | | |

Return Completed Applications To:

Captain Brian Amenson
bamenson@ashwaubenon.gov
**Ashwaubenon Department of Public
Safety 2155 Holmgren Way
Ashwaubenon, WI 54304-4605**