



department of public safety

CITIZENS PUBLIC SAFETY ACADEMY

APPLICANT

Name _____ Email _____

Street Address _____ ZIP Code _____

Cellphone Number _____ Gender M / F Birthdate: _____ Shirt Size _____

Driver's License Number _____ State: _____ Expiration: _____

EMERGENCY CONTACT

Name _____ Relationship: _____ Phone Number: _____

EMPLOYER INFORMATION

Employer Name _____ Job Title _____

Employer Address _____ Length of Employment _____

Please list any affiliations with the City of Sunnyvale, Neighborhood Associations or School District (including family members):

How did you hear about the Academy? _____

Why do you want attend the Academy? _____

Have you ever had any contact with the Sunnyvale Department of Public Safety? If so, was your experience positive or negative? Please describe.

Are you at least 21 year of age?

- Yes
- No

Have you ever been arrested?

- Yes
- No

If so, please provide details (date, location, incident summary, disposition)

Are you ever been convicted of a criminal offense?

- Yes
- No

Are you currently on probation?

- Yes
- No

Are you currently on parole?

- Yes
- No

CERTIFICATION AND AUTHORIZATION

I certify that the statements and information I have provided on this application are true, complete and correct to the best of my knowledge, I authorize the Sunnyvale Department of Public Safety to verify any and all of this information. I further authorize Sunnyvale DPS to complete a criminal history check, including live scan fingerprinting and review of my DMV records, and agree to provide any necessary information related to those reviews. I understand that misstatements of material fact may subject me to disqualification or dismissal and that Sunnyvale DPS may reject any application without explanation.

Applicant Signature _____ Date _____