



# Johnsburg Police Department

3611 N. Chapel Hill Road  
Johnsburg, Illinois 60051  
Phone (815) 385-6024

Keith L. Von Allmen  
Chief of Police

## CITIZEN POLICE ACADEMY APPLICATION

Last Name: \_\_\_\_\_ First: \_\_\_\_\_ MI: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Gender: \_\_\_\_\_ Race: \_\_\_\_\_

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

Drivers License Number: \_\_\_\_\_ State: \_\_\_\_\_

Home Telephone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_

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**I HEREBY AUTHORIZE ANY MEMBER OF THE JOHNSBURG POLICE DEPARTMENT TO CONDUCT A STANDARD CHECK OF LAW ENFORCEMENT RECORDS ON ME. I UNDERSTAND THIS CHECK WILL INCLUDE BUT NOT BE LIMITED TO, ANY RECORD OF CHARGES, PROSECUTIONS OR CONVICTIONS FOR CRIMINAL OR CIVIL OFFENSES. ANY INFORMATION OBTAINED WILL BE USED SOLELY FOR THE PURPOSE OF PROVIDING CLEARANCE TO PARTICIPATE IN THE JOHNSBURG POLICE DEPARTMENT'S CITIZEN POLICE ACADEMY.**

\_\_\_\_\_  
(SIGNATURE OF APPLICANT)

\_\_\_\_\_  
(DATE)

*The JOHNSBURG Police Department reserves the right to deny any application without notice for any reason.*

Investigator Assigned: \_\_\_\_\_ Date: \_\_\_\_\_

Phase 1: \_\_\_\_\_ Phase 2: \_\_\_\_\_ Phase 3: \_\_\_\_\_

Investigator's Initials: \_\_\_\_\_ Date: \_\_\_\_\_

Chief of Police \_\_\_\_\_

*reviewed*

