



SEASIDE POLICE DEPARTMENT
CITIZEN POLICE ACADEMY

Application Form

Name: _____ Date of Birth: _____

Home Phone: _____ Address: _____

Work Phone: _____ Work Address: _____

Cell Phone: _____ California Driver License: _____

Special Needs / Accommodations: _____

Have you been arrested or charged with any crime within the last 12 months?
No ___ Yes ___ Explain: _____

Have you ever been convicted of a felony, or other serious crime?
No ___ Yes ___ Explain: _____

Return this application no later than September 13, 2007 to:

**Seaside Police Department
440 Harcourt Avenue
Seaside CA. 93955.**

Class size is limited so register today. For additional information contact
Community Liaison Officer Julia Gearhart at (831) 899-6865 or email:
CLOSouth@ci.seaside.ca.us

I swear under the penalty of perjury that the information I have provided is true
and correct.

Applicant's Signature: _____ Date: _____