

Hobbs Police Department Citizen's Police Academy

Application & Authorization for Release of Information

I, Do hereby authorize government entities, private persons and employers to furnish and release any and all information relating to me for the purpose of determining my suitability to be selected as a student in the Citizen's Police Academy.

Instructions: Please print or type all answers. Do not leave any blank spaces; if the question does not apply to you, please print or type "N/A" in that answer block.

1. Name (Last, First, Middle) _____

2. Address: _____

City: _____ State: _____ Zip: _____

3. Phone: () _____ Email: _____

4. Date of Birth (mm/dd/yyyy) _____

5. Place of Birth: _____

6. Social Security Number _____

7. Previous Addresses (List all for past 5 years)

8. Any other names, including maiden name list them here:

9. Current Employer: _____

Work Phone Number: () _____

Supervisor's Name: _____

10. How did you hear about the Citizen's Police Academy?

11. What is your shirt size? S M L XL 2XL 3XL

12. Why do you wish to attend the Citizen's Police Academy?

Signature _____ Date: _____

Please fax completed application to 575-397-9251, Email to mlstone@hobbsnm.org
or mail to
Hobbs Police Department
Attn: Officer Mike Stone
300 N. Turner
Hobbs, NM 88240

Please direct all questions regarding the Citizen's Police Academy to 575-397-9381