

JACKSONVILLE BEACH POLICE DEPARTMENT

CITIZEN POLICE ACADEMY APPLICATION

DATE: _____

NAME: _____
First MI Last

STREET: _____ CITY: _____
 STATE: _____ ZIP: _____

DATE OF BIRTH: ____ / ____ / ____ SSN: XXX - ____ - ____
Month Day Year

OCCUPATION: _____ *if retired previous occupation*

DRIVER'S LICENSE # _____ STATE _____

PHONE #: (____) _____ (____) _____ (____) _____
Home Business Cell

E-MAIL ADDRESS _____

SHIRT SIZE S  M  L  XL  XXL 

For Official Use Only:

Notes/Info

C.H/P.T.	
D.L.	
M.S.	
F.B.	
Linx	

JACKSONVILLE BEACH POLICE DEPARTMENT

CITIZEN POLICE ACADEMY APPLICATION



Working with Citizens for a Safe Community

Session 43 begins July 11, 2019

*****Application deadline is July 08, 2019*****

Applications may be delivered to: Sgt. Larry Smith Services Sergeant – 904-247-6193