



### Citizens Police Academy Application

Thank you for your interest in the Yukon Police Department Citizens Police Academy. The academy is a 5 week program and meets on Tuesday evenings from 6:00-8:00 pm. Absences are permitted; but attendance is highly encouraged to gain the most from the program.

All applicants must reside or work in the 73099 zip code and must be at least 18 years of age to participate. Applicants must not have any felony convictions and will consent to a criminal background check. *A \$30.00 fee will be due on the first class date and it will be applied as your yearly dues for the CPA alumni upon graduation.*

Name (Last/First): \_\_\_\_\_ Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Male or Female: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone Numbers: Home: \_\_\_\_\_ Cell: \_\_\_\_\_ Work: \_\_\_\_\_

Email: Personal: \_\_\_\_\_ Work: \_\_\_\_\_

Place of Employment: \_\_\_\_\_

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

### CRIMINAL HISTORY AND DRIVING RECORD

Oklahoma Driver's License Number: \_\_\_\_\_ Expires: \_\_\_\_\_

Has your license ever been suspended or revoked (mark one)

\_\_\_\_\_ YES \_\_\_\_\_ NO

Have you ever been convicted of a crime? (excluding traffic charges, circle one)

\_\_\_\_\_ YES \_\_\_\_\_ NO

If Yes, please provide information, such as date of arrest, charge, and disposition of case.

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I certify that all statements made on this application are true and complete. I understand that I may be rejected for submitting incomplete or false information. I hereby authorize the employees of the Yukon Police Department to make examination of the above information for the purpose of evaluating my application.

**IMPORTANT: This training is not designed to certify citizens to perform law enforcement services. Its purpose is to enhance community relations and to provide citizens with insights into the criminal justice system.**

By signing, I am saying that I agree to the provisions of this release.

\_\_\_\_\_  
Signature, Printed Name and Date

**Mail/Drop off/Email completed applications to:**

**Yukon Police Department/CPA Application**

**100 South Ranchwood Blvd.**

**Yukon, Oklahoma 73099**

**Questions: Call (405) 354-2553; Email: [ctucker@yukonok.gov](mailto:ctucker@yukonok.gov)**

P. O. Box 850500 Yukon, OK 73085 T: 405.354.1551 F: 405.350.7585 [www.yukonok.gov](http://www.yukonok.gov)