



OPELIKA POLICE DEPARTMENT

Citizens Police Academy Application (Spring 2016 Session)

***ALL INFORMATION MUST BE COMPLETED. This information will be used to complete a background investigation. None of the provided information will be disseminated outside of OPD.**

Name: _____
Last First Middle/Maiden Suffix (Jr., Sr., etc.)

Address: _____
Street City State Zip

Phone Numbers: _____
Home Cell

Employer: _____
Employer Name Location

Work Phone: _____ **Occupation:** _____

E-mail Address: _____

Date of Birth: ____/____/____ **Social Security Number:** ____-____-____
Month Day Year

Drivers License/ID Card: _____
Number State

Have you ever been convicted of a felony? (If yes, please provide details.) **Y / N** _____

Do you require reasonable accommodations per the Americans with Disabilities Act (ADA)? **Y / N**

The Opelika Police Department's Citizens Police Academy is an eight-week program. We will meet each Thursday night from 6:00 PM until 8:00 PM. Are you able to meet this time commitment? (NOTE: You must be present for at least six of the classes in order to graduate.) **Y / N**

Why do you wish to take part in the Citizens Police Academy? _____

*****What is your Polo Shirt size?** (Shirts are made of Dri-Fit material) **S M L XL XXL Other** _____

Please submit your application to:

If you have any questions please call:

Captain Shane Healey
501 South 10th Street
P. O. Box 2485
Opelika AL 36803-2485

Captain Shane Healey
(334)705-5241

Feel free to e-mail your application to Captain Healey at: shealey@opelika-al.gov
You may also FAX your application to: 334-749-4831. Please mark to the attention of Captain Healey.