

**Niles Police Department**  
**CITIZENS POLICE ACADEMY**  
**PARTICIPANT APPLICATION**



Name (LN, FN, MI): \_\_\_\_\_

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Email (123@abc.com): \_\_\_\_\_

Home Phone #: \_\_\_\_\_ Mobile Phone #: \_\_\_\_\_

Occupation: \_\_\_\_\_

If retired, type retired in the occupation box

Employer: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Drivers License #: \_\_\_\_\_ State: \_\_\_\_\_

Shirt Size \_\_\_\_\_

Signature: \_\_\_\_\_

**By signing above I acknowledge that all information is true to the best of my knowledge. I further authorize the Niles Police Department to conduct a background check and understand that any false or misleading information or information found in the background check may disqualify me from consideration in the Niles Citizens Police Academy.**

**Return to:**  
C/O Cmdr. Robert Tornabene  
Niles Police Department  
7000 W. Touhy Avenue  
Niles, Illinois 60714