



LAFAYETTE POLICE DEPARTMENT'S

Citizens Academy Application

337-291-8617

Name: _____

Last

First

Full Middle Name

List all other names you have used, including nicknames and maiden names: If you have ever used any other surname or legally changed name, please state the time period this occurred and the circumstances. If you ever legally changed your name, please list the date, and court:

Date of Birth _____ Driver's License # _____ Current Age _____

Gender: Male _____ Female _____ Social Security Number _____

Current Address _____

Street

City

State

Zip

Home Phone _____ Work Phone _____

Cellular Phone _____ E-Mail Address _____

In the event of an emergency, please list the name and phone number of a relative or close associate that can be contacted:

Name _____ Relationship _____ Phone _____

***Citizens Academy Application deadline is Friday, May 15, 2026.**

Employment Information:

Name of Current Employer_____

Address_____

Street

City

State

Zip

Job Title_____ Length of time with present employer_____

Authorization to Conduct Law Enforcement Check:

Have you ever been charged with a felony offense? Yes____ No____

Have you ever been convicted of a felony? Yes____ No____

If **yes**, list details pertaining to conviction, including date, place, law enforcement agency, charge, court, and disposition:

Organization Memberships:

Please list any organization, associations, or community groups to which you belong:

Participation in Firearms Training:

Is there any reason you cannot participate in firearms training? Yes____ No____ If yes, please provide details:

I authorize the LPD to conduct a standard law enforcement records check, including criminal and civil offenses, for the purpose of my Citizen's Academy application. Information obtained will be used solely for application clearance.

Full Name (typed or printed)

Full Name (Signature)

Date of authorization_____