



Morris Police Department  
Community Oriented Policing Services  
215 W. Jefferson Street  
Morris, Illinois 60450

Chief of Police  
**Tracey Steffes**  
(815) 942-2131  
Fax: (815) 942-2853

### Citizen's Police Academy Application Form

Name: \_\_\_\_\_  
Last First Middle

Address: \_\_\_\_\_  
Street City State Zip Code

Previous Address (If less than 5 years at present address):

\_\_\_\_\_   
Street City State Zip Code

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Phone Number: \_\_\_\_\_

Driver's License Number: \_\_\_\_\_ State: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

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

Employer's Address: \_\_\_\_\_

Employer's Phone Number: \_\_\_\_\_

Length of Employment: \_\_\_\_/\_\_\_\_  
Years Months

Personal Reference We May Contact:

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Membership to Clubs or Civic Organizations: \_\_\_\_\_

I would like to participate in the Citizen's Police Academy because: \_\_\_\_\_

All applicants must live, work or belong to a club in the City of Morris. Applicants must be at least 18 years of age. A background check will be conducted on each applicant. The Morris Police Department reserves the right to deny entry to the Citizen's Police Academy based on findings of the background check.

All information on the above application is true. I authorize the Morris Police Department to conduct a background check.

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