



LOS GATOS-MONTE SERENO POLICE DEPARTMENT

# COMMUNITY POLICE ACADEMY APPLICATION



110 E. MAIN STREET, LOS GATOS, CA 95030

## PERSONAL INFORMATION

Name: \_\_\_\_\_ Home Phone: (\_\_\_\_) \_\_\_\_\_

Home Address: \_\_\_\_\_ Cell Phone: (\_\_\_\_) \_\_\_\_\_

City, State, Zip: \_\_\_\_\_ Email: \_\_\_\_\_

CA Driver's Lic. #: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

SSN: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

## CURRENT EMPLOYMENT INFORMATION

(If retired, list most recent Employment Information)

Occupation: \_\_\_\_\_ Business Phone: (\_\_\_\_) \_\_\_\_\_

Business Name: \_\_\_\_\_

Business Address: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_

## QUESTIONNAIRE

At the time of this application, are you under 18 years of age?  Yes  No

Have you ever been arrested or convicted of any criminal offense?  Yes  No

Do you have any medical conditions that limit your activities?  Yes  No

Have you ever used a name other than the one listed above?  Yes  No

If you answered "Yes" to any of the questions above, please explain:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please let us know why you are interested in attending the Community Police Academy:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Did someone refer you to our Academy? If so, who?

\_\_\_\_\_ If not, how did you find out about this  
program \_\_\_\_\_

Are you currently employed or affiliated with the Town of Los Gatos or the City of Monte Sereno?

If so, please list your affiliations \_\_\_\_\_

*Additional information or attachments may be included. Return completed applications by email to  
communitypdacademy@losgatosca.gov, by mail or in person at 110 E. Main St., Los Gatos, CA 95030.  
To use the "Submit" button, download and fill-out form before hitting the submit button.*

**ELIGIBILITY FOR ATTENDANCE IS AT THE SOLE DISCRETION OF THE POLICE DEPARTMENT**