COURSE APPLICATION

Thank you for your interest in the Community Police Academy. Please complete the information requested below, as a computer check of your information will be conducted. Once your application is reviewed you will be notified by email or mail if you are selected to participate.

If you have any questions please email us at sfpd.cpa@sfgov.org.

All candidates must meet the following criteria:
- Minimum age of 18 years
- Live or work in San Francisco
- No Felony convictions
- No Misdemeanor convictions within one year of application
- Candidates are expected to attend all classes.

By my signature below, I acknowledge I have read and understand the guidelines above, and in addition have met all the above Candidate criteria. If any information is found to be untruthful at any point during the course, you will immediately be disqualified from class. I voluntarily agree that San Francisco Police Department personnel will conduct a computerized criminal history inquiry using my name and other identifying information.

Signature: **Date:** Click here to enter text.

Please complete the following information:
Legal Full Name: Click here to enter text.
Email: Click here to enter text.
Address: Click here to enter text.
City: Click here to enter text.   **State & Zip Code:** Click here to enter text.
Occupation: Click here to enter text.
Driver's Lic. # or CA I.D. #: Click here to enter text.
Home Phone: Click here to enter text.
Cell Phone: Click here to enter text.
DOB: Click here to enter text.

PLEASE SUBMIT A PARAGRAPH STATING WHY YOU WANT TO PARTICIPATE IN THIS TRAINING PROGRAM.