



POLICE DEPARTMENT



ACADEMY



POLICE DEPARTMENT

**NEW BRAUNFELS POLICE DEPARTMENT
CITIZEN'S POLICE ACADEMY
APPLICATION FOR ENROLLMENT**

ACADEMY YEAR THAT I AM APPLYING TO ATTEND _____

WHAT IS TODAY'S DATE _____

Registration/Enrollment Information:

NBPD accepts applications for the CPA Academy year-round. The completed applications are numbered and stored in numerical order as they are received as our class size is limited. They are reviewed on a first come-first serve basis. Formal invitations or denials will be mailed in the weeks following the registration period. Each Academy will hold weekly sessions on Tuesday nights from 6pm to 9pm for 11 weeks. There is no cost to attend the Academy. However, there is a \$10 per year annual dues to join the Alumni after graduation from the Academy.

Security Warning:

Due to the nature of our profession, sensitive information is flowing through the various areas of the PD and discussions take place that are not public or to be shared with the outside. Confidential case details and documents are never to be shared with anyone not employed with this Agency. Documents must never be touched, reviewed or copied without the expressed consent of the Chief of Police or Designee.

The Criminal Justice Information System requires each Agency to secure its information system highway is secure and protected from intrusion and to protect those materials stored accordingly. Access inside NBPD is limited and proper identification is always required. Some members of the CPAAA Alumni will be fingerprinted in order to allow 24 hour a day access into the building for CPAAA business. The majority are allowed inside the building during business hours or for scheduled meetings.



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Operating Rules

The CPAAA operate under Roberts Rules of Order and have voted in their Bi-laws which were presented in open forum and passed by a majority vote of the Alumni body. They have established through open election of attending members a Board that serve in various terms the rolls of President, 1st Chair Vice President, 2nd Chair Vice President, 1st Secretary, 2nd Secretary, Treasurer, and Parliamentarian.

Disqualification

An applicant will be denied acceptance into the Academy, if they are a convicted felon or if they have been convicted of a class A misdemeanor. An applicant who resides or cohabitates with a person that is a convicted felon cannot be accepted into the Academy. If the applicant is themselves or associates or resides with person that is a known documented gang member will not be permitted into the Academy.

THESE INSTRUCTIONS ARE PROVIDED AS A GUIDE TO ASSIST YOU IN PROPERLY COMPLETING YOUR PERSONAL HISTORY STATEMENT. IT IS ESSENTIAL THAT THE INFORMATION BE ACCURATE IN ALL RESPECTS. IT WILL BE USED AS A BASIS FOR A MANDATORY BACKGROUND INVESTIGATION THAT WILL BE USED IN PART TO DETERMINE YOUR ELIGIBILITY FOR THE NEW BRAUNFELS POLICE DEPARTMENT CITIZEN'S POLICE ACADEMY. ALL INFORMATION ON THIS APPLICATION WILL BE KEPT CONFIDENTIAL.

1. This application should be printed or typed legibly by you. Answer all questions to the best of your ability.
2. If a question is not applicable to you, enter N/A in the space provided. Leave no blank spaces.
3. Avoid errors by reading the directions carefully before making any entries on the *form*. Be sure your information is correct and in proper sequence before you begin.
4. You are responsible for obtaining correct addresses, to include street addresses, city, state and zip code.



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5. If there is insufficient space on the form for you to include all information required, attach extra sheets to the personal history statement. Use 8½" x 11" paper only, if additional space is needed.
6. An accurate and complete form will help expedite the background investigation of your application for the New Braunfels Police Department Citizen's Police Academy.
7. Please return the complete application to the New Braunfels Police Department as soon as possible so that it may be considered for an upcoming class.
8. The Release of Information waiver must be signed, notarized and returned back with the application submission.
9. The Release of Liability Waiver must be signed and Notarized and then returned back to with the application for application submission.
10. The application must also be signed and notarized as well.



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AUTHORITY TO RELEASE INFORMATION

TO WHOM IT MAY CONCERN:

I hereby authorize the _____ and its authorized representatives bearing this release, or a copy thereof, within one year of its date, to obtain any information in your files pertaining to my employment, military, credit, education or medical records, including not limited to academic, achievement, attendance, athletic, personal history, and disciplinary records, medical records, and credit records.

I hereby direct you to release such information upon request of the bearer. This release is executed with full knowledge and understanding that the information is for official use. Consent is granted to all parties to furnish such information, as described above, to third parties in the course of fulfilling its official responsibilities. I hereby release you, as custodian of such records, and any school, college, university, or other educational institution, hospital, or other repository of medical records, credit bureau, lending institution, consumer reporting agency, or retail business establishment including its officers, employees, or related personnel, both individually and collectively, from any and all liability for damages of whatever kind, which may at any time result to me, my heirs, family or associates because of compliance with this authorization and request to release information, or attempt to comply with it.

I am furnishing my Social Security Account Number on a voluntary basis with the understanding such is not required by any law or regulation. I have been advised that all parties will utilize this number only to facilitate the location of employment, military, credit, and educational records concerning me in connection with this application. Should there be any question as to the validity of this release, you may contact me as indicated below:

Applicant's Printed Full Name: _____

Address: _____

Telephone Number: ____ _____

Applicant's Notarized Signature: _____

Sworn to and signed before me, on this the ____ day of _____, _____, in and for _____ County, in the state of _____ .

Signature of Notary Public: _____

NOTARY SEAL Printed Name of Notary Public: _____

Expires: _____



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RELEASE FROM LIABILITY

STATE OF TEXAS *
COUNTY OF COMAL *

In consideration of the permission given to me to participate in the Citizen's Police Academy by the New Braunfels Police Department of the City of New Braunfels, I, _____, assume all risk, personal injury, death, property damage of loss from whatever causes in connection with my participation in the Academy. I will hold harmless the City and anyone for whose acts the City may be liable, from all damages, claims, losses, demands, suits, judgments, costs, including reasonable attorney's fees and expenses arising out of or resulting from my participation in the Academy. I fully understand and acknowledge that the work of the Department is inherently dangerous.

My undertakings and waivers in the Release from Liability are in consideration of being allowed to participate in the Academy.

Signed, this ____ day of _____, _____.

Signature

STATE OF TEXAS *
COUNTY OF COMAL *

SUBSCRIBED AND SWORN to before me this ____ day of _____, _____.

Notary Public Stamp

Notary Public, State of Texas



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PERSONAL INFORMATION

NAME _____

LAST *FIRST* *MIDDLE*

DATE OF BIRTH _____ AGE _____

NICKNAME OR NAME YOU PREFER TO BE CALLED _____

STREET ADDRESS _____

MAILING ADDRESS IF DIFFERENT _____

EMAIL ADDRESS _____

HOME PHONE _____ CELL _____

DRIVER'S LICENSE NUMBER _____ STATE _____

COUNTY OF RESIDENCE _____

ARE YOU A US CITIZEN _____

EMERGENCY CONTACT NAME _____

RELATIONSHIP _____

ADDRESS _____

PHONE HOME _____ CELL _____

ARE YOU MARRIED/SINGLE/DIVORCED/WIDOWED _____

SUITABILITY QUESTIONNEER:

ARE YOU A CURRENT RESIDENT OF THE CITY OF NEW BRAUNFELS? YES/NO? IF SO, FOR HOW LONG? _____



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DO YOU WORK OR OWN A BUSINESS IN THE CITY OF NEW BRAUNFELS? YES/NO?
LIST THE NAME OF THE BUSINESS, LOCATION AND FOR HOW LONG?

ARE YOU MARRIED OR RELATED TO A NBPD POLICE OFFICER (CURRENT OR PAST) OR TO A CITY EMPLOYEE? IF SO, PLEASE INDICATE WHOM AND THE RELATIONSHIP _____

HOW DID YOU HEAR ABOUT THE CITIZENS POLICE ACADEMY?

LIST FRIENDS OR RELATIVES THAT ARE PRESENT/PAST MEMBERS OF THE POLICE DEPARTMENT AND/OR PRESENT/PAST MEMBERS OF THE CITIZENS POLICE ACADEMY ALUMNI ASSOCIATION

DO YOU PLAN TO JOIN THE ALUMNI AFTER GRADUATION FROM THE ACADEMY?
YES OR NO _____

HAVE YOU EVER ATTENDED ANOTHER CPAAA ACADEMY OR BEEN A MEMBER CURRENT OR PAST WITH ANOTHER ALUMNI?
IF YES WHERE AND WHEN _____

PLEASE EXPLAIN BRIEFLY WHY YOU WISH TO BE ENROLLED IN THE NEW BRAUNFELS POLICE DEPARTMENT CITIZEN'S POLICE ACADEMY.

LIST CURRENT AND PAST ASSOCIATIONS, CLUBS, AFFILIATION, MEMBERSHIPS ETC. _____



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EDUCATION

HIGH SCHOOL GRADUATE? ___ GED? ___

HIGHEST GRADE COMPLETED _____

NAME AND ADDRESS OF HIGH SCHOOL/COLLEGE _____

COLLEGE GRADUATE? ___ LIST DEGREE AND MAJOR _____

CRIMINAL INVOLVMENT AND PAST HISTORY

HAVE YOU EVER BEEN ARRESTED, CONVICTED, OR CITED FOR AN OFFENSE IN ANY STATE, PROVINCE OR COUNTRY? YES/NO, IF YES, EXPLAIN IN DETAIL SHOWING THE FOLLOWING INFORMATION:

DATE	CHARGE	PLACE	ACTION
_____	_____	_____	_____
_____	_____	_____	_____

HAVE YOU EVER BEEN UNDER INVESTIGATION FOR ANY CRIME?
YES/NO _____

DO YOU WORK WELL WITH OTHERS? YES/NO EXPLAIN _____



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DO YOU POSSESS ANY SPECIAL TALENTS, SKILLS OR ABILITIES THAT MIGHT ASSIST THE CPAAA ALUMNI WITH FUTURE PROJECTS AND NEEDS?

DO YOU HOLD ANY LICENSES THAT MIGHT ASSIST THE CPAAA WITH FUTURE PROJECTS AND NEEDS?

EMPLOYMENT

LIST INFORMATION ON THE LAST TWO JOBS YOU HAVE HELD POSSIBLE EXAMPLES THAT COULD APPLY ;(RETIRED, UNEMPLOYED, HOUSEWIFE, STUDENT) IF NOT PRESENTLY EMPLOYED

PRESENT EMPLOYER _____

DATE HIRED _____ (MM/DD/YEAR)

EMPLOYER STREET ADDRESS _____

SUPERVISOR _____

YOUR TITLE OR POSITION _____

TYPE OF WORK DONE _____

PREVIOUS EMPLOYER _____

DATE HIRED _____(MM/DD/YEAR)

DATE LEFT _____ (MM/DD/YEAR)

EMPLOYER STREET ADDRESS _____



POLICE DEPARTMENT

SUPERVISOR _____

YOUR TITLE OR POSITION _____

TYPE OF WORK DONE _____

HAVE YOU EVER BEEN TERMINATED, FIRED OR ASKED TO RESIGN IN LIEU OF TERMINATION FROM ANY JOB? YES/NO IF YES, EXPLAIN

MEDICAL HISTORY

THE FOLLOWING MEDICAL INFORMATION IS NEEDED IN THE EVENT OF AN EMERGENCY. LIST ANY MEDICATION YOU ARE CURRENTLY TAKING AND THE CONDITION FOR WHICH THE MEDICATION IS USED.

DO YOU HAVE ANY DISABILITY THAT REQUIRES REASONABLE ACCOMODATIONS? YES OR NO ___ IF YES PLEASE PROVIDE DETAILS

IS THERE ANY MEDICAL INFORMATION YOU FEEL THE NEW BRAUNFELS POLICE DEPARTMENT SHOULD BE AWARE OF FOR YOUR WELL BEING OR THAT MAY HAVE AN EFEFCT ON YOUR ACCEPTANCE INTO THE CPAAA ACADEMY? _____

DO YOU OR HAVE YOU BEEN DIAGNOSED WITH ANY MENTAL ILLNESS OR MENTAL DEFICIENCY? YES OR NO AND DESCRIBE THE ILLNESS OR DEFICIENCY _____



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DRUG AND ALCOHOL

DO YOU OR HAVE YOU USED ANY MARIJUANA IN ANY FORM WITHIN THE PAST THREE YEARS OF THE APPLICATION DATE? YES OR NO _____

HAVE YOU USED ANY ILLEGAL DRUG AT ALL WITHIN THE PAST TEN YEARS OF THE APPLICATION DATE? YES OR NO _____

HAVE YOU EVER GROWN, SOLD, DISTRIBUTED, MANUFACTURED, TRANSPORTED ANY ILLEGAL DRUGS EVER? YES OR NO _____

HAVE YOU EVER USED OR ABUSED ANY PRESCRIPTION DRUG THAT WAS A LEGALLY OBTAINABLE SUBSTANCE IN A MANNER, WHICH IT WAS NOT INTENDED WITHIN THE PAST THREE YEARS OF THE APPLICATION DATE? YES OR NO _____

DO YOU CONSUME ALCOHOL OR HAVE YOU CONSUMED ALCOHOL IN THE PAST FIVE YEARS? YES OR NO _____

IF YES HOW OFTEN AND HOW MUCH ALCOHOL DO YOU CONSUME, AND UNDER WHAT CIRCUMSTANCES _____

HAVE YOU EVER HAD AN ALCOHOL CONSUMPTION ISSUE OR HAVE YOU BEEN ACCUSED OF EXCESSIVE FREQUENT ALCOHOL CONSUMPTION WITHIN THE PAST FIVE YEARS OF THE APPLICATION DATE? _____

PLEASE REVIEW YOUR ANSWERS CAREFULLY AND READ THE FOLLOWING STATEMENT THOROUGHLY BEFORE SIGNING THIS APPLICATION:

I HEREBY CERTIFY THAT THERE ARE NO WILLFUL MISREPRESENTATIONS, OMISSIONS, OR FALSIFICATIONS IN THE FOREGOING STATEMENTS AND ANSWERS TO THE QUESTIONS. I UNDERSTAND THAT ANY OMISSION/OR/FALSE STATEMENT ON THIS APPLICATION SHALL BE SUFFICIENT CAUSE FOR REJECTION FOR ENROLLMENT OR DISMISSAL FROM THE NEW BRAUNFELS POLICE DEPARTMENT CITIZEN'S POLICE ACADEMY. I FURTHER UNDERSTAND THAT THE NEW BRAUNFELS POLICE DEPARTMENT WILL BE CONDUCTING A THOROUGH BACKGROUND INVESTIGATION THAT MAY INCLUDE, BUT WILL NOT BE LIMITED TO, ANY CRIMINAL HISTORY, EMPLOYMENT HISTORY, AND PERSONAL REFERENCES. IF A SITUATION ARISES THAT COULD JEOPARDIZE THE INTEGRITY OF THE ACADEMY OR IF INFORMATION IS BROUGHT TO LIGHT THAT



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WOULD DISQUALIFY THE APPLICANT. THE CHIEF OF POLICE WILL RESERVE THE RIGHT TO MAKE THE FINAL DECISION IF THE APPLICANT WILL BE ALLOWED TO ATTEND THE ACADEMY OR NOT.

APPLICANT SIGNATURE

DATE

My undertakings and waivers in the Application for attendance to the Citizens Police Academy are in consideration of being allowed to participate in the Academy.

Signed, this ____ day of _____, _____.

Signature

STATE OF TEXAS *

COUNTY OF COMAL *

SUBSCRIBED AND SWORN to before me this ____ day of _____, _____.

Notary Public Stamp

Notary Public, State of Texas

PLEASE RETURN THE COMPLETED APPLICATION TO:
NEW BRAUNFELS POLICE DEPARTMENT
ATTN: OFFICER LUCAS CRAWFORD
1488 S. SEGUIN AVE.
NEW BRAUNFELS, TX 78130
PHONE: (830) 221-4166
E-MAIL: lcrawford@nbtexas.org

This application packet was revised 02-05-2018