



ACWORTH POLICE DEPARTMENT

APPLICATION FOR ADMISSION
CITIZENS POLICE ACADEMY SESSION XXVI
FEBRUARY 26, 2024 – MAY 20, 2024



4440 ACWORTH INDUSTRIAL DRIVE
ACWORTH, GEORGIA 30101

“COURAGE – HONOR – SERVICE – DEDICATION”

Please complete and return this application to Corporal Mistretta before January 31, 2024.
Applications can be dropped off in person, fax, or email.
Fax: 678-801-4059 - emistretta@acworth.org

Please Print legibly or Type (preferred)

Name: _____ Street Address: _____

City: _____ County: _____ Zip Code: _____

Date of Birth: _____ Social Security #: _____ Race: _____ Sex: _____

Email Address: _____ Telephone # Day: _____ Night: _____

Emergency Contact Name and Number: _____

Have you ever been arrested for a crime including a traffic offense? Yes No

If you answered yes, please explain including dates and disposition:

*****Applicants convicted of a felony are ineligible to attend*****

Are you 18 years of age or older? Yes No

Do you have a valid driver's license? Yes No

Are you currently a resident of the City of Acworth? Yes No

If you answered No to the above question you must be sponsored by an Acworth Citizens Police Academy Graduate, City of Acworth Business Owner or Acworth Police Officer.

Name of Sponsor: _____ Phone Number of Sponsor: _____

Have you ever attended the Acworth Citizens Police Academy before? Yes No

If you answered yes to the above question, what year did you attend? _____

Do you have any special needs that would require accommodations in order for you to participate in this program? Yes No If yes, please explain: _____

How did you hear about our Citizens Police Academy?

Do you know any employees of the Acworth Police Department?

Why are you interested in attending the Citizens Police Academy?

Your personal information will be kept in strict confidence. It will be used to notify you of a change in schedule or to notify someone should you become injured or ill during the time you are participating in this academy. By signing below, you authorize the Acworth Police Department to perform a GCIC /NCIC background check.

Signature of Applicant

Date