



# Citizen Police Academy Application



Thank you for applying to the City of Strongsville Police Department Citizen Police Academy. Return your completed application to the Police Department in person, via US mail, or by email to Sgt. Steve Piorkowski, [Steven.Piorkowski@strongsville.org](mailto:Steven.Piorkowski@strongsville.org). Classes are on Tuesdays at the Strongsville Police Department, 18688 Royalton Road. The first session is Tuesday, September 12, 2023, 5:30pm to 9pm. The remaining sessions are 6pm to 9pm, each Tuesday for ten weeks. **Completed application must be received no later than September 1, 2023.**

To be eligible for the Academy, applicants must:

- ☐ Be 18 years of age or older
- ☐ Be a resident of the City of Strongsville OR work in the City
- ☐ Have no pending criminal charges
- ☐ Have no felony convictions; misdemeanor convictions will be considered on a case by case basis
- ☐ No past or pending civil litigation against the City, any other municipality, state, or federal government or other governmental or quasi-governmental agencies

NAME \_\_\_\_\_

LAST

FIRST

MIDDLE

ADDRESS \_\_\_\_\_

Street Address

City

State

ZIP

EMAIL \_\_\_\_\_

MOBILE PHONE \_\_\_\_\_ HOME PHONE \_\_\_\_\_

DATE OF BIRTH \_\_\_\_\_ Driver's License Number \_\_\_\_\_

PREVIOUS ADDRESS (if current address is less than 10 years). Please list dates of residency:

1. \_\_\_\_\_

Street Address

City

State

ZIP

From \_\_\_\_\_ To \_\_\_\_\_

2. \_\_\_\_\_

Street Address

City

State

ZIP

From \_\_\_\_\_ To \_\_\_\_\_

EMPLOYER \_\_\_\_\_ TITLE \_\_\_\_\_

Date Hired \_\_\_\_\_

Street Address

City

State

ZIP

Supervisor Name \_\_\_\_\_ Phone Number \_\_\_\_\_

**REFERENCES:** Please provide 3 non-relative references.

1. \_\_\_\_\_  
Name Address

Phone Number \_\_\_\_\_ Email Address \_\_\_\_\_

Relationship to Applicant \_\_\_\_\_

2. \_\_\_\_\_  
Name Address

Phone Number \_\_\_\_\_ Email Address \_\_\_\_\_

Relationship to Applicant \_\_\_\_\_

3. \_\_\_\_\_  
Name Address

Phone Number \_\_\_\_\_ Email Address \_\_\_\_\_

Relationship to Applicant \_\_\_\_\_

Have you ever been arrested and/or convicted of a crime? Yes / No (circle one). If yes, please explain, including arresting agency, address, and date. Attach additional pages, if necessary:

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

Are you a member of any organizations (i.e. civic clubs, community organizations, block-watch, etc.)? Yes / No

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

Why do you wish to attend the citizen police academy?

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

- All applicants meeting the requirements for the Academy will be considered. Class size is limited. The Police Department reserves the right to decline any applicant.
- Successful completion of this Academy DOES NOT provide any professional certifications or licenses.
- Providing false information on this application will be grounds for non-admittance to or dismissal from the Academy.
- Students will be required to adhere to current COVID-19 guidelines.

*I give my permission to the Strongsville Police Department to conduct a background check to determine if I have a criminal record and meet the requirements of entry into the City of Strongsville Citizen Police Academy.*

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