Legal Name (Last/First/Middle): ______________________________________________________

Preferred Name on Class Documents: ________________________________________________

Street Address: ___________________________________________________________________

City, State, & Zip Code: ___________________________________________________________________

Phone #: ___________________ E-Mail _____________________________________________

Date of Birth (mm/dd/yyyy): ______________ SSN: ____________________________

GENDER: ☐ MALE ☐ FEMALE

I LIVE WITHIN THE CITY LIMITS OF MYRTLE BEACH. ☐ YES ☐ NO

--- EMPLOYMENT ---

Employer: _________________________________________________________________________

Job Title: _________________________________________________________________________

Business Address: _________________________________________________________________________

I WORK WITHIN THE CITY LIMITS OF MYRTLE BEACH. ☐ YES ☐ NO

--- EDUCATION ---

HIGH SCHOOL: ___________________________ City: _____________________________

College: ___________________________ City: _____________________________

College Degree: ☐ Yes ☐ No  If yes, please provide your major. ___________________________
CRIMINAL HISTORY AND DRIVING RECORD

South Carolina Driver’s License Number: ________________________________

Has your license ever been suspended or revoked?
☐ Yes ☐ No  If yes, please provide details, such as date, reason and length of suspension.

Have you ever been convicted of a crime? (Excluding traffic)
☐ Yes ☐ No  If yes, please provide information, such as date of arrest, charge, and disposition of case.

QUESTIONNAIRE

1. WHAT EXPERIENCE HAVE YOU HAD WITH LAW ENFORCEMENT? (BRIEFLY EXPLAIN)
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________

2. WHAT IS THE EXTENT OF YOUR COMMUNITY INVOLVEMENT?
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________

3. WHY DO YOU DESIRE TO PARTICIPATE IN THIS PROGRAM?
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________

4. HOW DO YOU THINK THE COMMUNITY AND THE POLICE DEPARTMENT MAY BENEFIT FROM YOUR PARTICIPATION IN THE PROGRAM?
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
5. **WHAT DO YOU EXPECT TO LEARN FROM THIS EXPERIENCE?**

______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________

6. **HAVE YOU EVER APPLIED FOR THE ACADEMY BEFORE? IF SO, WHEN?**

______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________

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**Commitment to Attendance**

The Citizens Police Academy is a 10-week program which meets Monday evenings from 7:00 to 9:00 p.m. Attendance is the most important factor in reaching the desired goal of the program. Two absences are permitted; however, full attendance is encouraged.

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**Signature of Acknowledgement**

The City of Myrtle Beach is an **Equal Opportunity Employer** and applies those same principles to selection of participants in the Citizens Police Academy. Selection is done without regard to race, religion, color, national origin, sex, age, political affiliation or disability.

ADA Notice: The City of Myrtle Beach will not discriminate against qualified individuals on the basis of disability in its services, programs or activities. The city will make all reasonable modifications to policies and programs to ensure that people with disabilities have an equal opportunity to enjoy its programs, services, and activities. Call 843-918-1114 for more information.

I certify that all statements made on this application are true and complete. I understand that I may be rejected for submitting incomplete or false information. I hereby authorize employees of the Myrtle Beach Police Department to make an examination of the above information for the purpose of evaluating my application.

SIGNATURE__________________________________________DATE______________________

**IMPORTANT:** This training is not designed to certify citizens to perform law enforcement services. Its purpose is to enhance community relations and to provide citizens with insight into the criminal justice system. Class size is limited. Residents and citizens who live and/or work within the city limits of Myrtle Beach are given first priority.