



Hobbs Police Department Citizen's Police Academy



Application and Authorization For Release of Information

I hereby authorize government entities, private persons and employers to furnish and release any and all information relating to me for the purpose of determining my suitability to be selected as a student in the Citizen's Police Academy.

Instructions: Please print or type all answers. Do not leave any blank spaces; if the question does not apply to you, please print or type "N/A" in that answer block.

1. Name (Last, First, Middle) _____

2. Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

3. Date of Birth (mm/dd/yyyy) _____

4. Place of Birth (City, County, State): _____

5. Social Security Number _____

6. Previous Addresses (List all for past 5 years):

7. Please list any other names you have used, including your maiden name:

8. Current Employer: _____

Work Phone Number: _____

Supervisor's Name: _____

9. How did you hear about the Citizen's Police Academy?

10. What is your shirt size? S M L XL 2XL 3XL

11. Why do you wish to attend the Citizen's Police Academy?

Signature _____ Date: _____

Please email completed application to cpa@hobbsnm.org
or mail to:

Hobbs Police Department
Attn: Sergeant Fidel Aldrete
300 N. Turner
Hobbs, NM 88240

Please direct all questions regarding the Citizen's Police Academy to (575)397-9394