



Joe Davenport
Mayor

LAGRANGE POLICE DEPARTMENT

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Frank Conway
Chief of Police

CITIZENS POLICE ACADEMY APPLICATION FORM

DATE: _____ CLASS START DATE: _____

NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

TELEPHONE (HOME): _____ WORK: _____

PLACE OF EMPLOYMENT: _____

DATE OF BIRTH: _____ SOCIAL SECURITY: _____

HAVE YOU EVER BEEN ARRESTED FOR A FELONY? YES _____ NO _____
(IF YES, PLEASE PROVIDE ALL INFORMATION)

HOW DID YOU HEAR ABOUT THIS ACADEMY?

DESCRIBE YOUR INTEREST IN ATTENDING THIS ACADEMY:

NOTE: ALL APPLICANTS WILL BE SUBJECT TO A BACKGROUND CHECK BEFORE GRANTING ADMISSION.

AFTER COMPLETION OF THIS FORM, PLEASE SUBMIT TO:
LAGRANGE POLICE DEPARTMENT
121 W. MAIN ST.
LAGRANGE, KY. 40031

"Pride and Dedication"