# Rocky River Division of Police

## Citizen Police Academy Class 2027-01

### APPLICATION

21012 Hilliard Blvd., Rocky River, Ohio 44116

*Type your answers, then PRINT and SIGN pages 3 and 4 by hand before returning the application.*

Thank you for applying to the *Citizen Police Academy Class 2027-01*. Return completed applications no later than **Tuesday, December 15, 2026** in person at our police station, via US mail (21012 Hilliard Blvd., Rocky River, Ohio 44116), or by email to glichman@rockyriverohio.gov. Classes begin **Tuesday, January 5, 2027** and end with a graduation ceremony on **Tuesday, March 23, 2027**. Eligible applicants must:

- Be 21 years of age or older. College students between 18 and 21 years of age may participate as part of a supervised academic program. Contact Chief Lichman for more information.
- Have a High School Diploma or GED.
- Be a resident of or work in the City OR otherwise be a member of the Rocky River community.
- Have no pending criminal charges.
- Criminal convictions to be considered on a case-by-case basis.
- No civil litigation pending against the City, any other municipality, state, or federal government or other governmental or quasi-governmental agencies.

## APPLICANT INFORMATION

| LAST NAME | FIRST NAME | MIDDLE NAME |
|---|---|---|
| | | |

| STREET ADDRESS |
|---|
| |

| CITY | STATE | ZIP |
|---|---|---|
| | | |

| EMAIL | PHONE NUMBER |
|---|---|
| | |

| DATE OF BIRTH | DRIVER LICENSE NUMBER |
|---|---|
| | |

## PREVIOUS ADDRESSES

*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** |
| | | | | | |
| **3. STREET ADDRESS** | **CITY** | **STATE** | **ZIP** | **FROM** | **TO** |
| | | | | | |

## EMPLOYMENT

| EMPLOYER | TITLE | DATE HIRED |
|---|---|---|
| | | |

| STREET ADDRESS | CITY | STATE | ZIP |
|---|---|---|---|
| | | | |

| SUPERVISOR | PHONE NUMBER |
|---|---|
| | |

## EDUCATIONAL BACKGROUND

| HIGH SCHOOL/GED | YEAR OF GRADUATION |
|---|---|
| | |

| COLLEGE 1 | YEARS ATTENDED |
|---|---|
| | |

| COLLEGE 1 — DEGREE RECEIVED/COURSE OF STUDY |
|---|
| |

| COLLEGE 2 | YEARS ATTENDED |
|---|---|
| | |

| COLLEGE 2 — DEGREE RECEIVED/COURSE OF STUDY |
|---|
| |

## REFERENCES

*Please provide three 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 |
|---|---|---|
| | | |

## CRIMINAL HISTORY

**Have you ever been arrested and/or convicted of a crime, including traffic violations?** ☐ YES ☐ NO

If yes, please explain, including arresting agency, address, and date. Attach additional pages, if necessary.

| EXPLANATION |
|---|
| |

## ORGANIZATIONS

*Civic clubs, community organizations, blockwatch, etc.*

**ORGANIZATIONS YOU ARE A MEMBER OF**

## WHY WOULD YOU LIKE TO ATTEND THE CITIZEN POLICE ACADEMY?

**YOUR ANSWER**

## APPLICANT ACKNOWLEDGMENTS

- All applicants meeting the requirements for the Academy will be considered. Class size is limited. The City reserves the right to decline any applicant.
- Successful completion of this Academy **DOES NOT** provide any professional certifications, licenses, or other qualifications. It may qualify for professional continuing education credits.
- Providing false information on this application will be grounds for non-admittance to or dismissal from the Academy.
- A signed/witnessed copy of the City of Rocky River Authorization for Release of Information (page four of this form) must accompany this application.

## BACKGROUND CHECK AUTHORIZATION

I give my permission to the Rocky River 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 Rocky River Citizen Police Academy.

APPLICANT SIGNATURE

DATE

WITNESS SIGNATURE

DATE

# AUTHORIZATION FOR RELEASE OF INFORMATION

I, _____ **, DO HEREBY AUTHORIZE** any and all persons, employers, partnerships, corporations, and all civilian and government entities, military agencies, law enforcement agencies, private, City, County, State and Federal entities, to release, furnish, and exchange any and all available information relating to me for the purpose of determining my suitability to be appointed as a member of the Citizen Police Academy of the City of Rocky River, Division of Police. This includes, but is not limited to, all information related to my character, integrity, reputation, conduct, and behavior. *This authorizes the release of said information to the City of Rocky River, Division of Police.*

**I DO HEREBY RELEASE** from any and all liability, all persons or entities disclosing information pursuant to this release.

_____ _____
SIGNATURE OF APPLICANT DATE

_____
APPLICANT NAME (PRINTED)

_____ _____
WITNESS SIGNATURE DATE

_____
WITNESS NAME (PRINTED)