



**TAMPA INTERNATIONAL AIRPORT POLICE DEPARTMENT
CITIZEN POLICE ACADEMY APPLICATION**

1. Name _____
Last Maiden or Former Name Used First Middle

2. Social Security Number _____ Date of Birth _____

3. Home Address _____
Street Address and Apartment Number

City State Zip Code

4. Mailing Address _____
Street Address / Apartment Number / PO Box

City State Zip Code

5. Telephone – Home _____ Work _____ Cell _____

6. Driver's License Number _____ State _____ Class _____
Expiration Date: _____ License Valid _____ Yes _____ No

7. Have you ever been convicted of any felony or any misdemeanor involving violence or weapons?
Yes _____ No _____
If **YES**, explain when, where and disposition of case _____

8. Place of Employment: _____
Address _____
Duties _____

9. E-Mail Address _____

10. Why do you wish to attend the Citizens Police Academy _____

I certify that all statements made on this application are true and complete. I authorize any individual, company, organization or institution to release any and all information concerning statements made by me on this application, and I do hereby release all parties and individuals connected therewith from liabilities for any damages whatsoever incurred in furnishing such information. I agree and understand that any deliberate misstatement or omission of material facts may disqualify me to attend the Citizens Police Academy. My signature below acknowledges my understanding and agreement with material provided.

Signature

Date



Tampa International Airport
POLICE DEPARTMENT

STATE OF FLORIDA)
)
COUNTY OF _____)

RELEASE

I, _____ am applying to be a participant in the Tampa International Airport Police Department Citizen Police Academy (CPA). I acknowledge that my participation will not only include classroom lectures but hands-on exercises as well. In consideration of my being permitted to attend the CPA, I agree to assume all risks associated with my participation, and release and hold harmless the Hillsborough County Aviation Authority, the Tampa International Airport Police Department, their officers, Board members, agents and employees from and against any and all claims, damages, liabilities, cost, expenses, including attorney's fees, arising out of my participation in the CPA, including without limitation any personal or bodily injuries or property damage that I may incur as a result of the actions of myself or other persons while participating in the CPA.

I further agree to abide by all rules and instructions given by the Hillsborough County Aviation Authority, the Tampa International Airport Police Department, and their officers, agents or employees with respect to my participation in the CPA and my failure to do so may result in my termination from the CPA. Furthermore, for the above-described consideration, I further promise to bind myself, my heirs, administrators, and executors to repay to the Hillsborough County Aviation Authority any sum of money that the Hillsborough County Aviation Authority may be compelled to pay because of damages that result from my negligence, gross negligence, willful or wanton conduct, or failure to abide by all rules and instructions given by the Tampa International Airport Police Department, its officers, agents or employees with respect to my participation in the CPA.

- I understand the Tampa International Airport Police Department CPA will meet weekday nights from 6:00 pm until 8:00 pm for 6 weeks.
- I understand individuals selected to participate in the CPA are expected to attend all sessions and to participate in class activities.
- I understand I must be willing to commit to these attendance requirements for the entire duration of the CPA in order to successfully complete graduation requirements.
- I understand I may miss no more than two (2) classes for any reason (excluding the optional firearms familiarization class) during the term of the CPA in order to be eligible for graduation.
- I understand that, should circumstances cause me to miss more than two (2) classes, I will be afforded the opportunity to make up missed classes in the following CPA class, after which I will be eligible for official graduation from that CPA class.

- I understand that I will be subject to a criminal background inquiry before being accepted into the CPA and if I have any arrest and conviction history that includes a felony, a misdemeanor of violence or moral turpitude, I will not be eligible to participate in the CPA.
- I understand the Chief of Police reserves the right to exclude any participant from consideration whose participation in the CPA is deemed not to be in the best interests of the Tampa International Airport Police Department and/or the applicant.

I HAVE READ AND UNDERSTAND THE CONDITIONS ASSOCIATED WITH THIS APPLICATION AND PARTICIPATION IN THE TAMPA INTERNATIONAL AIRPORT POLICE DEPARTMENT’S CITIZEN POLICE ACADEMY.

The undersigned hereby warrants and represents that he/she is more than 18 years of age, of full legal capacity, and fully understands the foregoing terms.

IN WITNESS WHEREOF, I hereunto set my hand this _____ day of _____.
Month and Year

I HAVE READ THE FOREGOING RELEASE AND ACCEPT THE TERMS HEREOF AS WITNESSED BY THE SIGNATURES HEREON.

NOTICE: READ ENTIRE APPLICATION BEFORE SIGNING

APPLICANT:

WITNESS:

 Signature

 Signature

 Date

 Date