

**EL SEGUNDO POLICE DEPARTMENT  
COMMUNITY POLICE ACADEMY (C.P.A.) APPLICATION**

FIRST NAME	MIDDLE NAME	LAST NAME
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SOCIAL SECURITY NUMBER <i>(NOT REQUIRED)</i>	DRIVER'S LICENSE NUMBER	MALE <input type="checkbox"/>	FEMALE <input type="checkbox"/>
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NICKNAMES OR ALIASES	Email:
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PRESENT MAILING ADDRESS	STREET
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CITY	STATE	ZIP
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HOW LONG? YEARS/MONTHS	HOME PHONE	WORK PHONE
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EMPLOYER	OCCUPATION
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STREET	CITY	STATE	ZIP
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DATE OF BIRTH	PLACE OF BIRTH
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U.S. CITIZEN?	ARRESTS?	IF SO, HOW MANY?
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PERSON TO NOTIFY IN CASE OF EMERGENCY	NAME & ADDRESS	PHONE NUMBER
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**I consent to a personal records check to determine eligibility for the ESPD Community Police Academy. I understand the ESPD will NOT share my background results with any other person/entity. If accepted as a participant, I will commit to attending all eight sessions and understand that I may opt out of any physical scenarios if desired.**

\_\_\_\_\_  
**Applicant's Signature**

\_\_\_\_\_  
**Date**

**E-mail or Postal Mail to:  
ESPD Community Police Academy  
Attn: Lieutenant Jeff Leyman  
348 Main Street, El Segundo, CA 90245  
E-mail: [jleyman@elsegundo.org](mailto:jleyman@elsegundo.org)**

**(If sent back via e-mail applicants will physically sign this page at the first session)**