KNOXVILLE POLICE DEPARTMENT
CITIZENS’ POLICE ACADEMY

REQUIREMENTS FOR PARTICIPATION IN THE KNOXVILLE
POLICE DEPARTMENT’S CITIZENS’ POLICE ACADEMY

- Must be at least eighteen (18) years of age

- Must live or work within the City of Knoxville

- Complete a Personal History form

- Undergo a background investigation to include a criminal history check

A Selection and Nomination Committee will be responsible for reviewing all applications and upon consultation with the Chief of Police, will make the final selections for participation in each CPA.

In addition, this committee will be tasked with ensuring that each CPA contains a representative sample of our entire community:

- The CPA will meet for ten (10) consecutive Thursday evenings from 6:30 pm to 9:30 pm at various Knoxville Police Department Training Facilities. One Saturday will be required for Graduation/Family Day following the completion of the ten (10) week course.

- Attendance of each session is critical to fully benefit from participation in the CPA. Please make every effort to attend each training session. If you will be unable to attend or will need to arrive late, please notify the CPA Coordinator at the earliest opportunity.

- Name of Coordinator: Officer Tim Chambers, 865-215-1303

- Dress is casual

- For those of you who enjoy smoking, we will provide you a designated area to smoke.

- The CPA may have optional activities that may require a certain degree of physical activity
GOAL

The goal of the Knoxville Police Department’s Citizens’ Police Academy is to create and develop a growing nucleus of responsible, well-informed citizens who have the potential to influence public opinion concerning police practices and service delivery. Graduates of our program will fulfill the critical role of providing input and information to their neighborhoods, which will increase citizen involvement on issues of mutual concern. This active citizens’ participation will improve the quality of life and build lasting and productive partnerships between our police department and the communities we so proudly serve.

OBJECTIVES

Upon successful completion of the Citizens’ Police Academy each graduate will:

1. Gain a better understanding of how the Knoxville Police Department is organized and how each unit functions, as well as achieve an appreciation for the daily challenges facing law enforcement professionals.

2. Possess the ability to participate and provide informed assistance in the organization of neighborhood watch groups as well as be a source of knowledge of additional crime prevention initiatives such as Prevention through Environmental Design and residential and business security.

3. Possess the skill and desire to identify, recruit, and mentor potential candidates for employment within the Knoxville Police Department as well as future participants in the Citizens’ Police Academy.

4. Demonstrate the enhancement of their observational skills and make a commitment to report any suspected criminal behavior.

5. Possess the knowledge and information to serve as a participant in the decision making process for a variety of community policing initiatives to include:

   a. Court monitoring
   b. Alcohol and other drug awareness programs
   c. Traffic safety campaign’s
   d. Violence prevention
   e. Mentoring programs for youth
   f. Victim awareness
   g. Victim support
The intentional omission or falsification of any material fact is cause for disqualification from participation.

**NAME AND ADDRESS**

1. List current complete name, address, and email address:

   ________________________________________________________________
   ________________________________________________________________
   ________________________________________________________________

   E-Mail Address: __________________________________________________

   Home Phone: ___________ Cell Phone: ___________ Work Phone: ___________

   Is your number unlisted / private?    Yes: _______ No: ___________

   Date of Birth: ___________ Place of Birth: __________________________________

   List other addresses for the past ten years:

   ________________________________________________________________
   ________________________________________________________________
   ________________________________________________________________

   How long have you been a resident of Knoxville: ______________________

2. Have you ever gone by a different name:

   Yes: _______ No: _______

   (i.e. nickname, maiden name, name change)

   If you answered yes, give name and explain:

   ________________________________________________________________
   ________________________________________________________________
   ________________________________________________________________
   ________________________________________________________________
PERSONAL HISTORY

EDUCATION

3. High School graduate:
   Yes: ____  No: ______  Year: _____  GED: ____  Year: _____
   Name of high school and location:

   __________________________________________________________

   __________________________________________________________

4. College graduate?
   Yes: ____  No: ______  Year: _____  Degree: __________________
   Name of college: __________________________________________
   If yes, appropriate number of credits: _________________________

5. Other technical training related to law enforcement: __________________
   __________________________________________________________
   Other technical training: _____________________________________
   __________________________________________________________
   Hobbies and interests: _______________________________________
   __________________________________________________________
   Community activities: ________________________________________

Do you have any training, education, or experience that you could contribute to the department? If so, what:

   __________________________________________________________
   __________________________________________________________
**RELATIVES**


   Spouse’s Name: ________________________________________________

   Spouse’s Occupation: __________________________________________

   Former Spouse’s Name: _________________________________________

7. Do you have any children? (List name, sex and age)

   _____________________________________________________________

   _____________________________________________________________

   _____________________________________________________________

8. Brother(s) and sister(s)? (List name(s) and address(es)):

   _____________________________________________________________

   _____________________________________________________________

   _____________________________________________________________

**EMPLOYMENT**

9. List your present employer, correct mailing address and phone number (include name of immediate supervisor and the exact date of employment).

   _____________________________________________________________

   _____________________________________________________________

   _____________________________________________________________

10. List all previous employers in the last ten (10) years (include exact dates of employment, correct mailing address, zip code, phone number, and name of immediate supervisor).

    _____________________________________________________________

    _____________________________________________________________

    _____________________________________________________________

    _____________________________________________________________
DRIVING RECORD

11. Do you have a current valid driver’s license?  Yes:  _____  No:  _____
    License Number:  ______________  Class of License:  _____  St:  _____

12. Has your license ever been suspended, revoked or canceled in this state or any other state:
    Yes:  _________  No:  ______  If yes, explain:  ________________________________

____________________________________________________________________________

ARREST / CRIMINAL BACKGROUND

13. Have you ever committed or participated in, or conspired to commit any of the following serious crimes:

   Murder:  _________  Larceny:  _________
   Rape:  _________  Robbery:  _________
   Manslaughter:  _____  Arson:  _________
   Sex Crimes:  _____  Burglary:  _________
   Other (explain):  ________________________________

____________________________________________________________________________

If you answer to any of the above is yes, please explain:  ________________________________

____________________________________________________________________________

14. Have you ever been arrested as an adult:  Yes:  _____  No:  _____
    If yes, explain when and where charged:  _________________________________________

____________________________________________________________________________

Have you had any other encounters with law enforcement officers (good or bad)?

____________________________________________________________________________

____________________________________________________________________________
15. Have you ever been served a summons to appear in court?

   Yes: __________ No: ________

   If yes explain when and where charged: ____________________________________________

16. Have you ever been in jail, prison or any type of correctional facility for any reason:

   Yes: __________ No: ________

   If yes, explain when and where charged: ____________________________________________

17. Have you ever been placed on parole or probation? Yes: __________ No: __________

18. Have you ever caused the death of another person? Yes: __________ No: __________

19. Have you ever accompanied others while they engaged in any criminal act:

   Yes: __________ No: ________

   If yes, explain: ________________________________________________________________

20. List all military service (include branch, exact entrance and discharge dates and type of discharge):

   ____________________________________________________________

21. Were you honorable discharged from the military? Yes: __________ No: __________

   If no, fully explain type of discharge: ____________________________________________

22. Were you ever in a Reserve or National Guard Unit? Yes: __________ No: __________

   If yes, give exact dates and locations of unit: ______________________________________
23. Have you ever been arrested for any drug violation(s)?  Yes:   No: ____________

24. Have you ever violated the law by the use of the following drugs without a prescription (do not respond yes if you lawfully used any of the following as prescribed for you by a physician)?

   Marijuana: ________   Explain: ________________________________________
   L.S.D.: ___________   Explain: ________________________________________
   Cocaine: ___________   Explain: ________________________________________
   Heroine: ___________   Explain: ________________________________________
   Amphetamines: _______   Explain: ______________________________________
   Barbiturates: ________   Explain: ______________________________________
   Crack: _____________   Explain: _________________________________________
   Any other drug: _______   Explain: ______________________________________

OTHER

25. How did you hear about the Citizen’s Police Academy and why are you interested in attending:

________________________________________________________________________

________________________________________________________________________

26. Do you have any scheduling problems that would interfere with ten (10) weeks of training on Thursday nights from 6:30 pm till 9:30 pm and one (1) Saturday morning for Graduation/Family day?

________________________________________________________________________

________________________________________________________________________
List three (3) personal references (include complete names, addresses, zip codes, phone numbers and area codes).

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I certify that all answers to the above questions are true and I understand that any misstatement of material facts in this questionnaire will be cause for disqualification from participation. I understand that the CPA Coordinator reserves the right to terminate me from the Citizens Police Academy at any time. By signing this, I also authorize the Knoxville Police Department to conduct a criminal history background check on my person:

Signature ___________________________    Date ___________________________
Send CPA application to:

EMAIL:  tchambers@knoxvilletn.gov

Or

FAX:  865-215-1313

Or

POSTAL MAIL:
Knoxville Police Academy
800 Howard Baker Jr. Ave. Knoxville,
TN 37915