



Citizen's Academy

APPLICANT BACKGROUND INFORMATION AND AUTHORIZATION

As part of my application in the Citizen's Academy, I authorize the City of Cape Coral to complete a background check. My personal information, statement verification, and signature are below:

FULL NAME: _____

ADDRESS: _____

DATE OF BIRTH: _____

DRIVER'S LICENSE #: _____ STATE: _____

PHONE NUMBER: _____

E-MAIL ADDRESS: _____

Statement Verification

Have you ever been convicted, pled no contest to, or had adjudication withheld in a criminal offense other than a minor traffic violation or are there any criminal charges now pending against you?

___ YES ___ NO

I certify that the information provided is true, complete, and accurate to the best of my knowledge. I understand that any misrepresentation may disqualify me from this program. I acknowledge that applicants with felony charges or backgrounds posing a risk may be disqualified from consideration. I further recognize that participation in the program is not a legal right, and that City Management may dismiss any participant whose behavior is disruptive or creates a hostile environment.

SIGNATURE

DATE