



**Blair Police Department**  
**1730 Lincoln Street**  
**Blair, NE 68008**

**Joseph Lager**  
**Chief of Police**

**402-426-4747 (office)**  
**402-426-7144 (fax)**  
**[www.blairpolice.org](http://www.blairpolice.org)**

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**Application**

Thank you for your interest in our Citizen's Police Academy. Classes begin April 2<sup>nd</sup> and will be held from 6:00-9:00 PM each Thursday evening at the Blair Police Department. Please return the completed application to our office prior to March 31<sup>st</sup>. Class size is limited; preference will be given to those persons living in the Blair/Washington County area.

1. Personal Data:

Name: \_\_\_\_\_; email: \_\_\_\_\_  
Last, First, M.I.

Home Address: \_\_\_\_\_; Home/Cell Phone: \_\_\_\_\_

Date of Birth: \_\_\_\_\_; Driver's License #/State: \_\_\_\_\_

2. Give us a brief description of your personal and professional history, education and experience.

3. Please describe your interest in the Blair Police Department. Explain what you hope to gain by participating in this program.

I, \_\_\_\_\_ (applicant complete name), hereby authorize the Blair Police Department to make an independent investigation of my criminal background, driver's history and police record for the purpose of determining my suitability to attend the Blair Police Department's Citizen's Police Academy.

I release the Blair Police Department and/or its agents and any person or entity, which provides information pursuant to this authorization, from any and all liabilities, claims, or lawsuits in regards to the information obtained from any and all of the above referenced sources used.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date