



# CITIZENS ACADEMY

CITY OF WICHITA FALLS

## City Hall Citizens Academy Application

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### CITY HALL CITIZENS ACADEMY ONLINE APPLICATION

Please fill out the form completely before submitting it. ALL information is required. If a blank does not apply, type "NONE" or "N/A." Applicants must be 18 years of age or older.

**Full Name (First Middle Last):\***

**Date of Birth (MM/DD/YYYY):\***

**Street Address:\***

**City, State, Zip Code:\***

**Contact Phone # (xxx-xxx-xxxx)\***

**Email Address:\***

**Drivers License State and Number:\***

**SSN (Last Four Digits ONLY):\***

**Current Employer:\***

**Position:\***

**Work Supervisor:\***

**Work Phone # (xxx-xxx-xxxx)\***

**Personal Reference 1 - Name:\***

**Personal Reference 1 - Phone #\***

**Personal Reference 2 - Name:\***

**Personal Reference 2 - Phone #\***

**Have you ever been arrested, convicted, or cited for any crime other than a traffic offense\***

YES

NO

**If YES, please explain and provide dates:**

**How did you hear about this class\***

**If referred, by whom**

**Please indicate any prior civic involvement with the City of Wichita Falls?**

**Why do you wish to participate in the Citizens Academy? What do you expect to learn?**

*Please note this class is limited to 25 individuals and is first come first serve.*

**For more information, please contact Public Information Office at (940) 761-7401**

\* indicates a required field