

Citizen's Academy Class #6

Name:		Date:	
Address:			
City/Zip:		Primary Phone:	
Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female		Hemet Resident: <input type="checkbox"/> Yes <input type="checkbox"/> No	
If not a City of Hemet resident, Do you work in the City of Hemet: <input type="checkbox"/> Yes <input type="checkbox"/> No			
Community Group Affiliation (if not a resident or employed in the City of Hemet):			
E-mail Address:			
Driver's License No:		State:	Date of Birth:
Occupation:			
Emergency Contact Name and Contact Number:			
Can you commit to attending the entire 11-week program held on Wednesday evenings from 6:00 PM to 9:00 PM August 20, 2025, through October 29, 2025? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Signature:		Date:	

- Applicants must submit to a background check of their criminal history.
- Applicants need to either reside, or work in the City of Hemet, or have an affiliation with the City of Hemet.
- Applicants must be a minimum age of 18 years.
- Applicants must have NO felony convictions, outstanding warrants, or pending criminal cases.
- Misdemeanor convictions will be considered on a case-by-case basis.
- Applicants must successfully complete a background check and interview process.

Please complete this form and return it to:

Sgt. Tim McGinnis

Community Services Bureau

Phone: (951) 765-2400

Email: TMcginnis@hemetca.gov

BACKGROUND INVESTIGATION DISCOVERY WAIVER

Applicant for the Citizens' Academy

Name: _____

Address: _____

I understand that this background investigation is done for candidates attending the Hemet Citizens' Academy and for security / selection purposes only. It is to access in verifying my qualifications for this specific program and is in no way to be construed as intended for any other purpose.

I understand that I will be given no feedback or results other than being notified of that I was 'accepted' or 'not accepted'. I also acknowledge that these results are confidential and will be the property of the City of Hemet Police Department and will not be made available to any other police agency or employer without Personal Information Waiver signed by me.

If I am not selected for this position, I understand that this means only that I do not currently meet the standards established for this program.

Applicant's signature: _____ Date: _____

Witness's signature: _____ Date: _____