

**The University of Akron
Police Academy
2026**

Application as an Open Enrollment
Student

PLEASE TYPE OR PRINT CLEARLY

Applying for: ☐ Full-time Day Academy ☐ Part-time Evening Academy

			ATTACH A RECENT 2" x 2" Color Photo (Head & Shoulders)
LastName	First Name	Middle Name	
Home Address			
City	State	Zip	
Home Telephone Number		Cell Phone Number	Validation Signature and Date
Social Security Number		Date of birth	
Email Address:			

Instructions

(Please Read Carefully)

Be sure to sign as well as attaching a photocopy of your High School Diploma. When you come to drop off your application, please bring your driver's license with you.

Disclaimer: This is NOT an application for employment with The University of Akron or The Summit County Sheriff's Office. This is only an application for the Police Academy.

Personal Information

Name:	DOB:	Age:
Address:	Place of Birth:	
City:	Social Security Number:	
State: Zip:	OH Driver's License Number:	
Home Telephone Number:	Cell Phone Number:	
Marital Status: # of Dependents:	Height:	Weight: Hair: Eyes:
Emergency Contact:	Relationship:	
Above Person's Number:	Alternative Contact & Number	
Are you a Veteran?	Are you entitled to Veteran's Education Benefits?	

Education

High School:	Diploma:	
City: State:	Date Graduated:	
College:	Degree:	Date Graduated:
Are you currently enrolled at The University of Akron?	Date last attended The University of Akron:	

Employment

Present Employer:	From:	To:
Address:	Salary:	
City, State, Zip:	Telephone Number:	
Supervisor:	Job Title:	
Previous Employer:	From:	To:
Address:	Salary:	
City, State, Zip:	Telephone Number:	
Supervisor:	Job Title:	
Reason for Leaving:		

Employment (cont'd)

Previous Employer:	From:	To:
Address:	Salary:	
City, State, Zip:	Telephone Number:	
Supervisor:	Job Title:	
Reason for Leaving:		

References

Name:	Phone Number:
Address:	Work Number:
City, State, Zip:	Known How Long?
Name:	Phone Number:
Address:	Work Number:
City, State, Zip:	Known How Long?

Questionnaire

	Yes	No
1. Is your Ohio Driver's License currently under suspension?		
2. Have you ever been cited for a traffic violation?		
3. Have you ever been summoned for a criminal violation?		
4. Have you ever been arrested for a criminal violation?		
5. Have you ever been convicted for a criminal violation?		
6. Have you ever illegally taken or obtained any drugs?		
7. Have you ever been treated for any mental illness?		
8. Are you currently under a doctor's care?		
9. Have you ever attended a Police Officer Training Academy? If yes, where		

If you have answered YES to any of the above questions, please attached a separate sheet of paper and explain the circumstances.

Applicants must read and sign

The information in this application that has been provided by me is true to the best of my knowledge. I understand that if for any reason this information is found to be misleading or false, I will be dismissed from the Academy.

I fully understand that The University of Akron, Summit County Sheriff's Office, nor the Ohio Peace Officer Training Academy is offering any employment as a result of this training. They are only making it possible for me to attend a certified peace officer training academy.

Applicants Signature

Date _____

Program Administrator Signature

Date _____

**The University of Akron
Police Academy**

Last Name:	First Name:
Social Security Number:	DOB:

Authority to Release Information

To Whom It May Concern:

I hereby permit any authorized representative of The University of Akron Police Academy bearing this release or a copy thereof, within two years of its date, to obtain any information you have concerning my moral, mental, and physical suitability for the position of student in the Basic Training Academy, Ohio Peace Officer Program.

I hereby direct you to release to the bearer upon request any information in your files pertaining to my employment, military, credit or educational records including but not limited to academic achievement, attendance, personal history, disciplinary records, medical records. This release is executed with full knowledge and understanding that the information is for the official use of the Training Center for Law Enforcement and Criminal Justice to furnish such information, as is described above, to third parties in the course of fulfilling its official responsibilities.

I hereby release you, as custodian of such records, any school, college, university or other educational institution, hospital, or other repository of medical records, credit bureau, lending institution, consumer reporting agency, or retail business establishment including its officers, employees, or related personnel, both individually and collectively, from any and all liability for damages of whatever kind, which may at any time result to me, my heirs, family or associates because of compliance with the authorization and request to release information, or attempt to comply with it.

Signature: _____ Date: _____

THE UNIVERSITY OF AKRON AND SUMMIT COUNTY SHERIFF'S OFFICE TRAINING LIABILITY RELEASE AGREEMENT

In consideration for receiving permission to attend peace officer basic training at The University of Akron each of the undersigned, their heirs, their representatives and assigns hereby: releases, remises and forever discharges and agrees to save, hold harmless and indemnify The University of Akron, the Summit County Sheriff's Office, The Ohio Peace Officer Training Commission and its executive director, instructors, all state training agencies and related personnel, the Ohio Peace Officer Training Academy and the State of Ohio, of and from liability claims, demands, causes of action and possible claims whatsoever, arising out of or related to any loss, damage or injury that may be sustained by persons or property that may otherwise accrue to any of us, our respective heirs or representatives while in, en route to, from or out of Ohio Peace Officer Training Commission training locations or resulting directly or indirectly from any training received or offered by the Ohio Peace Officer Training Commission including but not limited to any training conducted at The University of Akron and at any and all state training locations from any cause whatsoever, including negligence.

STUDENT'S SIGNATURE

DATE