



REFERRAL TO THE POLICE PREPATORY ACADEMY FORM (PPA)

TO: PPA Coordinator, ICDHR: cbrooks@icdhr.org

FROM: \_\_\_\_\_
Name of person referring candidate Phone Number

The below named person has expressed interest in law enforcement and wishes to join PPA to receive assistance in gaining a position with a suburban police department. He/she understands that this is an unpaid internship and must serve as an intern in a suburban police department for a minimum of four hours weekly:

\*NAME OF REFERRAL \_\_\_\_\_
Print

\*ADDRESS \_\_\_\_\_
Street Number Name of Street

City State Zip Code

\*BIRTH DATE \_\_\_\_\_
Must be 18 -35 years of age

\*PHONE NUMBER (CELL) \_\_\_\_\_
Area code plus number

\*E-MAIL ADDRESS \_\_\_\_\_
Please print

\*EDUCATION (PLEASE CHECK)
\_\_\_\_\_ High school graduate
\_\_\_\_\_ At least 30 hours of college credit
\_\_\_\_\_ College graduate
\_\_\_\_\_
Enter name of college & year of graduation

\*CURRENT EMPLOYMENT (PLEASE CHECK)
\_\_\_\_\_ Unemployed
\_\_\_\_\_ Student
\_\_\_\_\_ Employed \_\_\_\_\_
Name of company
\_\_\_\_\_
Position held
\_\_\_\_\_ Military service credit eligible

\*HONORS/AWARDS RECEIVED, IF ANY. PLEASE LIST

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