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# CALUMET CITY POLICE

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**Kevin Kolosh**  
CHIEF OF POLICE

1200 PULASKI ROAD  
CALUMET CITY IL. 60409  
(708) 868-2500

**Thaddeus Jones**  
MAYOR

## Citizens Police Academy

### Application for Participation

Please Print

Name: \_\_\_\_\_  
Last Name First Name MI

Address: \_\_\_\_\_  
Street City State ZIP

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Telephone Number: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Driver's License #: \_\_\_\_\_ State: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

How long have you lived at present address: Years: \_\_\_\_\_ Months: \_\_\_\_\_

Previous Address, if less than 5 years:

\_\_\_\_\_  
Street City State ZIP

Occupation: \_\_\_\_\_ Employer: \_\_\_\_\_

\_\_\_\_\_  
Employers Address City State ZIP

Telephone #: \_\_\_\_\_ Length of Employment: \_\_\_\_\_

**All applicants MUST be at least 21 years of age, reside and/or work in the City of Calumet City.**

All information on the above application is true and accurate. I authorize the Calumet City Police Department to conduct a background check based on this application.

\_\_\_\_\_  
Signature Date

**Please email completed applications to [communitypolicing@calumetcity.org](mailto:communitypolicing@calumetcity.org)**

Class size is limited and applications will be processed in the order they are received.