

WASHINGTON CITY
POLICE DEPARTMENT

CITIZENS' ACADEMY PARTICIPANT APPLICATION

NAME: _____ DATE OF BIRTH: _____

HOME ADDRESS: _____

MAILING ADDRESS (IF DIFFERENT): _____

HOME PHONE: _____ CELL PHONE: _____ WORK PHONE: _____

E-MAIL: _____

DRIVER LICENSE #: _____ SOCIAL SECURITY #: _____

Have you ever been arrested or convicted of any offense other than a minor traffic violation? Yes _____ No _____

Explain: _____

(Use the back of this sheet if necessary to explain)

I hereby affirm that all information provided on this application is true and correct to the best of my knowledge. I also authorize the Washington City Police Department to validate any and all information provided through resources available which may include, but are not limited to, the Department of Motor Vehicles and the Bureau of Criminal Identification.

Signature

Date

For Office Use Only

Application Received By/Date: _____

Background Check Completed By/Date: _____

Application Status: _____

Session: _____