

**WASHINGTON CITY POLICE
DEPARTMENT**

Volunteers in Public Safety

Application

Please complete the application completely. It must be complete to be accepted. For any section that may not apply to you, please indicate with "N/A" (not applicable). The Washington City Police Department appreciates your interest in participating in the Volunteers in Public Safety program.

PERSONAL INFORMATION:

NAME: _____
Last First Middle

ALIASES: _____ (Maiden, Previous Married Name, etc.)

ADDRESS: _____
Street City Zip Code

PREVIOUS ADDRESS:

Street City Zip Code

PHONE: (Home) _____ (Work) _____ (Cell) _____

E-MAIL: _____ SOCIAL SECURITY#: _____ - ____ - ____

DATE OF BIRTH: _____ STATE OF BIRTH: _____ SEX: M F

CRIMINAL HISTORY AND DRIVING RECORD:

DRIVER LICENSE NUMBER: _____ STATE _____

HAS YOUR DRIVER'S LICENSE EVER BEEN SUSPENDED OR REVOKED?

Yes No

IF YES, EXPLAIN _____

LIST ALL TRAFFIC CITATIONS AND COLLISIONS FOR THE PAST TWO YEARS: _____

HAVE YOU EVER PLED GUILTY TO OR BEEN CONVICTED OF A MISDEMEANOR OR FELONY CRIME?

 NO YES IF YES, EXPLAIN: _____

EDUCATION AND MILITARY EXPERIENCE:

EDUCATION: (Grade Completed or Degree Received) _____

MILITARY SERVICE: _____ DATES OF SERVICE _____ to _____

HONORABLY DISCHARGED? Yes No

AVAILABILITY

INDICATE THE TIME OF DAY YOU ARE AVAILABLE TO VOLUNTEER:

MORNING

HOURS: From: _____

To: _____

AFTERNOON

HOURS: From: _____

To: _____

EVENING

ALLDAY

HOURS: From: _____

To: _____

INDICATE THE DAYS OF THE WEEK YOU ARE AVAILABLE TO VOLUNTEER:

MONDAY TUESDAY WEDNESDAY THURSDAY

FRIDAY SATURDAY SUNDAY

SPECIAL SKILLS AND ABILITIES:

PLEASE IDENTIFY ANY SPECIAL SKILLS, TRAINING, AND ABILITIES YOU FEEL MAY BE USEFUL TO THE WASHINGTON CITY POLICE DEPARTMENT:

DO YOU SPEAK ANY LANGUAGES IN ADDITION TO ENGLISH?

YES NO IF YES, WHICH ONES: _____

TELL US A LITTLE BIT ABOUT YOURSELF:

WHAT TYPES OF JOB ACTIVITIES DO YOU ENJOY/ PREFER?

REFERENCES:

LIST THREE (3) INDIVIDUALS YOU KNOWN OR BEEN ACQUAINTED WITH FOR A LEAST FIVE (5) YEARS. PLEASE DO NOT LIST FAMILY MEMBERS.

NAME _____ ADDRESS _____

PHONE NUMBER _____

NAME _____ ADDRESS _____

PHONE NUMBER _____

NAME _____ ADDRESS _____

PHONE NUMBER _____

EMPLOYMENT HISTORY:

LIST YOUR LAST TWO EMPLOYERS AND THEIR CONTACT INFORMATION:

EMPLOYER _____ POSITION _____

CONTACT PERSON AND PHONE NUMBER _____

EMPLOYED FROM: _____ TO: _____

REASON FOR LEAVING _____

EMPLOYER _____ POSITION _____

CONTACT PERSON AND PHONE NUMBER _____

EMPLOYED FROM: _____ TO: _____

REASON FOR LEAVING _____

Please Read Carefully and Sign

The facts outlined in the above application are accurate and complete. I understand that if I am accepted as a volunteer for the Washington City Police Department, any false information or statements made on this application that is discovered now or later on shall be sufficient cause for removal from the program. I further understand that an incomplete application or an absence of my signature on this application is sufficient cause for the invalidation of this application.

My signature authorizes the Washington City Police Department to review my employment records, driving record, criminal history, or any other background information as it may relate to the volunteer position for which I am applying. I also authorize the listed employers to release my employment records to the Washington City Police Department.

NAME (Print) _____

SIGNATURE _____

DATE _____

State of _____

County of _____

Sworn to and subscribed before me this _____ day of

_____, 20_____.

Notary Public