



SHORELINE POLICE DEPARTMENT

CITIZEN'S ACADEMY APPLICATION

DATE: ___/___/___

*** Complete both front and back. Sign application.**

NAME: _____
LAST FIRST FULL MIDDLE NAME

ADDRESS: _____

CITY STATE ZIP CODE

HOME PHONE: _____ BUSINESS PHONE: _____

E-MAIL ADDRESS: _____

DATE OF BIRTH: ___/___/___ DRIVERS LICENSE #: _____

OCCUPATION: _____

EMPLOYER: _____

HAVE YOU EVER BEEN ARRESTED FOR A CRIMINAL OFFENSE (NOT TRAFFIC VIOLATIONS)?

YES

NO

IF YES, DETAILS: _____

WHY ARE YOU INTERESTED IN ATTENDING THE CITIZEN'S ACADEMY?

I, _____, authorize the Shoreline Police Department and its agents and employees to conduct a review of the records of the King County Sheriff's Office and other law enforcement agencies for the purpose of conducting a criminal history check. I hereby release Shoreline Police and all of its agents and employees from any liability which may arise out of the background investigation and recommendation, including any liability arising from a negative recommendation based upon erroneous information.

Dated this _____ day of _____, 2013.

Signature

Return Completed Application to:

Shoreline Police Department
ATTN: Officer Obstler
1206 N. 185th Street
Shoreline, WA 98133
(206) 546-3636
(206) 546-3336 (fax)