Pasco Police Department
Citizen's Academy Application

The Pasco Police Department is seeking people who wish to learn more about their police department functions and are applying for admittance to the 9 week Citizen's Academy.

IMPORTANT: Complete all sections. Please print in ink or typewriter.

NAME: _____
(last) (first) (middle)

Current Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Email: _____

Date of Birth: _____ Place of Birth: _____

Do you possess a valid Washington State Driver's License? Yes:_____ No:_____

Driver's License Number: _____ State: _____

Other than traffic, have you ever been arrested for a crime? Yes: _____ No:_____

If so, When & Where? _____

Have you ever had your Driver's License suspended, or revoked? Yes: _____ No: _____

It is required that we do Criminal and Traffic records checks on all applicants before they are accepted into the Citizen's Academy. By signing the space below you allow the City of Pasco to perform the records check.

_____ _____
Signature: Date:

Please return to: Pasco Police Department
Citizen's Academy
525 North 3rd Ave.
Pasco, WA 99301

Record check: [ ] No Record [ ] Record attached by:_____

[ ] **Approved** **[ ] Disapproved** (Reason) _____

_____

Approved by: _____