



Bellingham Police Department Citizen's Academy Application Background Check Authorization

Application Date: _____

Drivers License/ID Number		Date of Birth:		
		Month:	Day:	Year:
Last Name	First Name	Middle Name		
Maiden/Alias/Nicknames				
Mailing Address		City	State	Zip
Home Phone Number		Work Phone Number	Cell Phone Number	
()		()	()	
Occupation/Employer			Email Address	
Employer Address		City	State	Zip

Why do you wish to participate in the Bellingham Police Department's Citizen's Academy?

By signing below, I hereby give the Bellingham Police Department permission to perform a background check (criminal history) on my name. I understand that the background check will be used to determine my suitability for acceptance into the Citizen's Academy program offered by the Bellingham Police Department. I understand that failure to submit to this background check or a negative background history will void my application.

Signature: _____ Date: _____

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OFFICE USE ONLY

- Background Check
 Answer
 Letter Sent
 Class
 Ride Along