



*JOSHUA POLICE DEPARTMENT*

SERVICE ACCOUNTABILITY INTEGRITY RESPECT TEAMWORK



## Joshua Police Department Citizens Police Academy Consent for Criminal Record Search

Please use complete names:

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ M.I. \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Male/Female: (circle one) Place of Birth: \_\_\_\_\_

SSN# \_\_\_\_/\_\_\_\_/\_\_\_\_ Driver License State: \_\_\_\_\_ DL # \_\_\_\_\_

Address: \_\_\_\_\_  
Street City State Zip

Cell# \_\_\_\_\_ Home# \_\_\_\_\_

As a requirement for admittance to the Joshua Police Citizens Police Academy, I hereby authorize the Joshua Police Department to make an inquiry as needed to determine if I have a criminal record.

It is y understanding that the discovery of a criminal record may not necessarily preclude me from the participation of the Citizens Police Academy, and that the final decision rest with the Chief of Polce.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date