

CITIZENS IN ACTION



APPLICATION (PLEASE PRINT OR TYPE)

PERSONAL:

Name: _____ Home Phone: _____

Address: _____ (zip) _____ Other Phone: _____

E-Mail Address: _____

Driver's License: State ____ Number _____ Sex M__F__ Race _____

Date of Birth _____ Neighborhood Association _____

BACKGROUND:

Employer Name: _____

Employer Address: _____ Telephone: _____

Previous Employer: _____

Address: _____ Telephone: _____

Have you ever been terminated from any employment due to misconduct? Yes ___ No ___

If yes, explain: _____

List all offenses for which you have been arrested. **BE COMPLETE.** An arrest will not necessarily result in rejection of your application: _____

EMERGENCY CONTACT: List an immediate family members or close friend that we may contact during an emergency:

Name: _____ Relationship: _____

Address: _____ Telephone: _____

MEDICAL HISTORY: The following information is needed in case of an emergency. List any medications that you take currently and the condition for which it is used. Include any medical information that a treatment facility should know. This will otherwise remain confidential:

I hereby certify that there are no willful misrepresentations, omissions, or falsifications in the foregoing statements including information on ANY arrest. My honesty and integrity is important to me, the citizens of Beaumont, the C.I.A. program, and the Beaumont Police Department. I understand that any omissions or false statements on this application shall be sufficient cause for application rejection or dismissal from the Beaumont Citizens in Action program. I further give consent to and understand that the Beaumont Police Department will be conducting a thorough background check investigation that may include, but will not be limited to, any criminal history, employment history, or any other information in this application. DO NOT release any confidential information to outside sources.

Applicant Signature: _____ Date: _____

Please mail completed application to: BEAUMONT CITIZENS IN ACTION
Beaumont Police Department
Attn: Officers E. Wilson or C. Cunningham.
P.O. Box 3827
Beaumont, Texas 77704

FOR POLICE USE ONLY

City/County Check: _____ Criminal history check (circle one): *Attached None*
X: _____ DATE: _____
Signature of officer approving application