

TUKWILA POLICE DEPARTMENT
COMMUNITY POLICE ACADEMY APPLICATION
(Please Print Legibly)

Please include a photocopy of your driver's license or State ID card

Applicant's Name: _____

Last

First

MI

If you have used any other names, please list them: _____

Address: _____

City

State

Zip

Neighborhood: _____

E-mail Address: _____

Phone: _____

Home

Work

Cell

Date of Birth: _____

Month

Day

Year

Occupation

Sex: _____

Driver's License #: _____

Emergency Contact:

Name

Phone #

How did you hear about our Community Police Academy?

PERMISSION TO CONDUCT A RECORDS CHECK

As an applicant for the Tukwila Police Department Community Police Academy, I hereby authorize the Tukwila Police Department to conduct a criminal history records check, including convictions, pending charges and outstanding warrants. I understand that this criminal history check is being conducted due to the nature of the classes given at the Community Police Academy.

I understand that all available criminal records will be checked and that the information will be used in determining eligibility of applicants for the Community Police Academy. All information is to remain confidential as required by Washington and federal statutes.

Signature of Applicant

Date

Please tell us why you are interested in the Community Police Academy (attach additional pages as needed):

If you will be less than 18 years of age at the start of the Community Academy, you are **required** to attach a letter of recommendation from a teacher, administrator or coach working at the school you currently attend.

Please check which of the following you have participated in:

- Block Watch
 - Crime Free Multi-Housing
 - City of Tukwila Volunteer
 - Other (please specify)
-

Return completed application to:

Chris Partman
Community Policing Coordinator
Tukwila Police Department
6200 Southcenter Blvd
Tukwila WA, 98188
206-431-2197 (Office)
c.partman@tukwilawa.gov

