



Lindsay Department of Public Safety

2023 Residents Academy Application / Background



Last Name:	First:	Middle:
Address:		Phone:
Birth Place:	SSN:	DOB:
Driver's License:	Email:	
Emergency Contact:	Relation:	Phone:

Current or most recent Employer:	Supervisor:	Phone:
Job Title:	Dates of employment:	
Personal Reference 1:	Phone:	Personal Reference 2:
		Phone:

Have you ever been convicted of, detained for investigation, held on suspicion, questioned, arrested, indicted or criminally charged with a misdemeanor or felony offense in this state or any other legal jurisdiction including offenses punishable under the Uniform Code of Military JusticeNo Yes

Have you ever:

Been placed on court probation	N <input type="checkbox"/> Y <input type="checkbox"/>	Been referred to Child Welfare Services	N <input type="checkbox"/> Y <input type="checkbox"/>
Been subject to an emergency protective order	N <input type="checkbox"/> Y <input type="checkbox"/>	Had the police respond to your home	N <input type="checkbox"/> Y <input type="checkbox"/>
Been incarcerated in county jail or state prison	N <input type="checkbox"/> Y <input type="checkbox"/>	Had a tattoo signifying affiliation to a criminal street gang	N <input type="checkbox"/> Y <input type="checkbox"/>

If you have answered yes to any of the above noted questions please explain:

I hereby certify that I have personally completed this page and that all statements made are true and complete to the best of my knowledge and belief. I understand that any misstatement of material fact may be subject to disqualification; or, if I have been appointed, may disqualify me from the academy.

Signature:	Date:
-------------------	--------------

Shirt Size (Circle one) ADULT: S M L XL 2XL (Circle one) Men / Women

***** OFFICE USE ONLY *****

() Local Records Check () Not Approved Comments: _____
 () NCIC Check () Approved _____

Notified by: _____ Date / Time: _____