TACOMA POLICE DEPARTMENT

**Community Police Academy Application**

# Applicant Information: *(fillable text boxes or please print clearly)*

|  |  |
| --- | --- |
| **Name:** Click or tap here to enter text. |  **Date:** Click or tap to enter a date. |
| **Address:** Click or tap here to enter text. |  |
| **City/State/Zip:** Click or tap here to enter text. |  |
| **Home Phone:** Click or tap here to enter text. | **Cell Phone:** Click or tap here to enter text. |
|  |  |
| **Email Address:** Click or tap here to enter text. |
| **Organization Affiliation:** Click or tap here to enter text. |

 (An email address is required as most correspondence, and notifications will be made by email)

# Information Required For Background Check: *if not complete application will be denied.*

|  |  |  |
| --- | --- | --- |
| **Birthdate:** Click or tap here to enter text. | **Social Security #:** Click or tap here to enter text. | **Gender Identity:**Choose an item. |
| **Driver’s License #:**Click or tap here to enter text. |  **State Issued:** Click or tap here to enter text. |

I, , understand and acknowledge that a Criminal History Background

*(Print name of applicant)*

Check will be conducted by the Tacoma Police Department, and I authorize and approve of said background check. \*This is a mandatory requirement to participate in the Community Police Academy.

 \_Click or tap here to enter text.\_\_ *Signature of Applicant*

Applicant, please list any special needs or assistance requirements.

Click or tap here to enter text.

|  |  |
| --- | --- |
|  |  |

**Mail completed application to**: Or Email to TPD-Community Police Academy

Tacoma Police Department

Attn. Community Police Academy

 3701 S. Pine St

Tacoma, WA 98409

For Office Use Only Date:

 Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Community Police Academy #: \_\_\_\_\_\_\_\_\_\_\_\_\_ Start Date: \_\_\_\_\_\_\_\_\_\_

 Background completed by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Accepted: \_\_\_\_\_

Rejected: \_\_\_\_\_\_

 *Revised 2/08/2024*