

BELLEVUE POLICE COMMUNITY ACADEMY APPLICATION

Name (L/F/M):

Date:

Street Address:

City:

State:

Zip:

Home Phone:

Work Phone:

Date of Birth (mm/dd/yy):

Why do you wish to attend the Bellevue Police Department community academy? :

I, _____, Authorize the Bellevue Police Department and its agents and employees to conduct a review of the records of the Bellevue Police Department and other law enforcement agencies for the purpose of confirming that I am of good character. I hereby release the City of Bellevue and all of its agents and employees from any liability which may arise out of the background investigation and recommendation, including any liability arising from a negative recommendation based upon erroneous information.

Digital Signature (name):