



SHERIFF KING COUNTY



KING COUNTY SHERIFF'S OFFICE COMMUNITY POLICE ACADEMY APPLICATION

NAME:				SEX:	<input type="checkbox"/> M	<input type="checkbox"/> F
	LAST	FIRST	MIDDLE NAME			
City that you live or work in: <input type="checkbox"/> BURIEN <input type="checkbox"/> SEATAC You must live or work in one of these cities to be eligible to attend the Academy.						
ADDRESS:						
CITY:			ZIP CODE:			
PHONE:	HOME ()		WORK OR ALT #: ()			
BIRTHDATE:	/ /	DRIVERS LICENSE #:				
	MONTH	DAY	YEAR			
OCCUPATION:			EMPLOYER:			
E-MAIL ADDRESS:						
HAVE YOU HAD CONTACT WITH THE POLICE BEFORE?					<input type="checkbox"/> YES	<input type="checkbox"/> NO
DATE(S) OF CONTACT(S):						
POLICE AGENCY/AGENCIES:						
NATURE OF CONTACT(S):						
RESULT OF CONTACT(S):						
WHY ARE YOU INTERESTED IN ATTENDING THE COMMUNITY POLICE ACADEMY? (Please note: A thorough background check is conducted on all applicants):						

I, _____ authorize King County Sheriff's Office and its agents and employees to conduct a review of the records of the King County Sheriff's Office and other law enforcement agencies for the purpose of confirming my past criminal record. I hereby release King County 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.

Signature: _____

Date: _____

Mail or Return Application to:

SeaTac Police Department
 Attn: Community Police Academy
 4800 S. 188th St.
 SeaTac, WA 98188