



## Citizens' Academy Application

### Applicant Information

Full Name: \_\_\_\_\_ Date: \_\_\_\_\_  
*Last First M.I.*

Address: \_\_\_\_\_  
*Street Address Apartment/Unit #*

\_\_\_\_\_  
*City State ZIP Code*

Phone: \_\_\_\_\_ Email \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Place of Birth.: \_\_\_\_\_ Driver's License#: \_\_\_\_\_

Occupation: \_\_\_\_\_

Have you ever had a Driver's License  
revoked or suspended? YES NO

Have you ever been arrested for a crime  
other than a traffic citation? YES NO  
If yes, when/where? \_\_\_\_\_

Are you 18 years or older? YES NO **MUST** be at least 18 to participate

### Disclaimer and Signature

*I certify that my answers are true and complete to the best of my knowledge.*

*I hereby authorize and allow the City of Pasco to perform a records check. I further understand that my application may be rejected for any reason relating to any criminal charge(s) and/or incidents relating to serious traffic offenses.*

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Return application to: Pasco Police Department  
**In Person Only** 215 W. Sylvester St.  
Pasco, WA 99301

Email to: [pettijohn@pasco-wa.gov](mailto:pettijohn@pasco-wa.gov)

### Records Check

☐ No Records ☐ Record Attached By: \_\_\_\_\_

☐ Approval ☐ Disapproved (Reason): \_\_\_\_\_

Approved By: \_\_\_\_\_