APPLICATION FORM

SURPRISE CITIZENS PATROL

SURPRISE POLICE DEPARTMENT

12425 W. Bell Road, Suite A105, Surprise, AZ 85374
Tel. (623) 583-1085 FAX: (623) 583-1092

1. Name: _____ _____ _____
   First Middle Last
2. Address: _____
   Street
   _____ _____ _____
   City State ZIP Code
3. Telephone: _____ _____ e-mail: _____
   Home Business
4. Employer: _____
5. Employer Address: _____ Tel: _____
   Supervisor: _____ Can we contact him/her? _____
   Best time to contact: _____
6. Your Occupation: _____ Years at your occupation: _____
7. Date of Birth: _____ Social Security No: _____Drivers License No. _____State_____
8. Married: _____ Single: _____ Divorced: _____ Widowed: _____
9. Have you ever been arrested? Yes _____No _____ Convicted? Yes _____No _____
10. If yes to #9 please explain: _____

    _____
11. Have you ever received a moving violation citation? Yes_____No_____ Date(s): _____
12. Do you have any objections to being fingerprinted and have a criminal check made through Federal or State agencies? Yes _____ No _____
13. Are you willing to work the required 18 hours per month? Yes _____ No _____
    The shifts are: 1st: 6 am – noon, 2nd: noon – 6 pm, 3rd: 6 pm – midnight, all seven days of the week.
    What days and shifts would you prefer? _____
14. Please tell us why you want to become a member of the Surprise Citizens Patrol:
    _____

    _____
15. Personal References (2): (Name/Telephone No.)

    1. _____ 2. _____

I hereby certify that the information supplied is correct and true. Furthermore I am fully aware that any falsification of information will prompt my disqualification.

Signed: _____ Date: _____
Applicant Full Signature