



Shelton Police Department Citizens Academy Application

Applicant Information (Please Print Clearly)

Name: _____

Address: _____

City/State/Zip: _____

Home Phone: _____

Cell Phone: _____

Business
Affiliation: _____

Email
Address: _____

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

Information Required for Background Check

Birthdate: _____ Gender: _____ SSN: _____

Driver's License #: _____ State Issued: _____

I, _____, understand and acknowledge that a Criminal History Background
(Printed Name of Applicant)

Check will be conducted by the Shelton Police Department, and I authorize and approve of said background check.

Signature of Applicant

Please list any special needs or assistance requirements: _____

To Submit Your Application

- **Email** your application to Captain Daniel Patton at daniel.patton@sheltonwa.gov
- **Mail** your application to the Shelton Police Department at 525 West Cota Street
- **Drop off** your application at the Shelton Police Department lobby, located on the first floor of the Civic Center

For Office Use Only

Background: Accepted / Rejected Initials: _____ Date: _____

Accepted for Citizens Academy # _____ Start Date: _____