

Application
Black Diamond Police Department
LETCSA Community Representative

Last Name:

First Name:

MI:

Address:

WA Driver's License Number:

Date of Birth:

Sex:

Occupation:

Home Phone:

Cell Phone:

Email Address:

Emergency Contact Name & Phone:

Permission to Conduct a Records Check

As an applicant for the Black Diamond Police Department Community IIT position, I hereby authorize the Black Diamond Police Department to conduct a criminal history records check. I understand that this criminal history check is being conducted due to the nature of the position, and that the information will be used in determining eligibility for all applicants. All information will remain confidential as required by Washington and federal statutes.

Signature of Applicant

Date