

Application for Enrollment

Name: _____
 First M Last

Gender: M / F

Home Address:

Cell: _____ - _____ - _____

Work: _____ - _____ - _____

DOB: _____

Drivers License: _____

Present Employer:

Email: _____

Emergency Contact:

Emergency Contact Telephone:

() _____ - _____

Personal Reference:

Name: _____

Relationship: _____

Address: _____

Telephone: () _____ - _____

I hereby authorize the Bluffdale Police Department to conduct a preliminary background investigation into my character, and any previous criminal activity. I realize that a prior criminal conviction may or may not necessarily disqualify me for admittance into the academy

Signature:

Date: _____