

Southlake Department of Public Safety

Community Emergency Response Team

Application

Name: _____

Date of Birth: _____ Race: _____ Sex: _____ Age: _____

Home Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Home E-Mail: _____

Business / Occupation: _____

Business Address: _____

City: _____ State: _____ Zip: _____

Business Phone: _____ Bus. E-Mail: _____

Other Phone / Pager: _____

Driver's License #: _____ State: _____

Years living or working in Southlake: _____

I, the undersigned, hereby grant permission to the Southlake Department of Public Safety, to conduct a background investigation on me to determine my eligibility to attend the Southlake DPS "Community Emergency Response Team" training program, and for no other purpose. I understand that my acceptance is predicated on no felony convictions, no convictions for offenses involving moral turpitude and no outstanding warrants of any kind. I further understand that should I not qualify for any reason, that all records obtained, collected, or otherwise prepared for this purpose shall be destroyed in their entirety.

Signed

Date

Note: Applications will be reviewed and approved in the order they are received. Only 25 positions are available in each Class. Applicants who have previously completed the Southlake Citizens' Academy will be given preference to attend, as it relates to class size. Applications not approved due to class size will be held for the next available class.