A background check will be conducted on each applicant. The Juneau Police Department reserves the right to deny applicants based on findings from the background check.

**Applicant Information**

Name:       Other Names Used:

Mailing Address:

Phone:       Alternate Phone:

Date of Birth:       Driver’s License #:       State

**Employment History**

Company:       Job Title:

Address:

Supervisor:       Phone:

Start Date:       End Date:       Full Time  Part Time

Reason for leaving:

Company:       Job Title:

Address:

Supervisor:       Phone:

Start Date:       End Date:       Full Time  Part Time

Reason for leaving:

**References**

Reference:       Phone Number:

Reference:       Phone Number:

Reason for Application:

All information on the above application is true and accurate. I authorize the Juneau Police Department to conduct a background check on this application.

Applicant Signature Date

Send to: Juneau Police Department, Attn: Lieutenant Scott Erickson

Fax: 907.586.4030, email: saerickson@juneaupolice.com