



TAYLOR MILL POLICE DEPARTMENT

NEIGHBORHOOD EMERGENCY ASSISTANCE TEAM

TRAINING APPLICATION

Name _____

Address _____

Phone Number (home) _____

(work) _____

Date of Birth ____/____/____

Drivers License Number _____ State _____

Occupation _____

I, _____ understand a back ground check, criminal history check and a driver license check must be conducted on me and all qualifications must be met to participate in the **Taylor Mill Police Department N.E.A.T. Program**. I authorize the Taylor Mill Police Department to conduct the proper inquires and do not hold them responsible for the loss or being denied of participating in the program/academy which arise out of the back ground checks. I understand the information obtained will be given to the Taylor Mill Police Department representatives and they will give final approval for participating in the **Taylor Mill Police Department N.E.A.T. Program**.

Signature _____ Date _____

Witness _____ Agency _____

Officer _____

Date of Drivers License Check _____ Officers Initials _____

Date of Criminal History Check _____ Officers Initials _____

Date of Back Ground Check _____ Officers Initials _____

Approval of candidate:

Chief of Police