



# FRESNO POLICE DEPARTMENT CITIZENS ON PATROL



## AUTHORIZATION OF BACKGROUND INVESTIGATION

Please print or type all Information and leave no blanks

Date: \_\_\_\_\_ Position Applying For: \_\_\_\_\_

### CITIZENS ON PATROL\*

\*Citizens On Patrol must be at least 21 years of age

Name: \_\_\_\_\_  
(First) (Middle) (Last)

Address: \_\_\_\_\_  
(Street) (City) (State) (Zip)

Mailing address: \_\_\_\_\_

Home phone: \_\_\_\_\_ Work phone: \_\_\_\_\_ Extension: \_\_\_\_\_

Message phone: \_\_\_\_\_

California Driver License #: \_\_\_\_\_ Expiration date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Social Security #: \_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_

Have you ever been: ( ) Arrested? ( ) Convicted of a felony? ( ) Convicted of a misdemeanor?

Have you ever been fingerprinted? ( ) Yes ( ) No

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I hereby authorize the Fresno Police Department to conduct a Background Investigation concerning my reputation, medical, physical and criminal records including information of a confidential or privileged nature. I authorize the Fresno Police Department to use a copy, or FAX of this form, to be considered the same as the original for the purposes of a background investigation.

Signature of applicant: \_\_\_\_\_ Date: \_\_\_\_\_

Witness: \_\_\_\_\_ Date: \_\_\_\_\_