

WYOMING POLICE DEPARTMENT
POLICE INTERN INFORMATION SHEET

NAME: _____
(LAST) (FIRST) (MIDDLE)

D.O.B. _____ SOCIAL SECURITY NUMBER: _____

OPERATOR'S LICENSE NUMBER _____ MI ___ OTHER _____

RACE/SEX _____ HEIGHT/WEIGHT _____

CURRENT ADDRESS: _____

TELEPHONE NUMBER: _____

PERMANENT ADDRESS: _____

TELEPHONE NUMBER: _____

EMERGENCY CONTACT INFORMATION

NAME: _____ RELATIONSHIP _____

ADDRESS: _____

REFERENCES

	NAME	PHONE	ADDRESS
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____

I hereby authorize the Wyoming Police Department to conduct a Criminal Records Check and Driving Record Check for the purpose of evaluating my application for an Internship Position.

Signature _____ Date _____