

**INDIO POLICE DEPARTMENT POST 150**  
**46-800 Jackson Street Indio, California 92201**  
**(760) 391-4057 Ext. 4037**



**MEMBERSHIP APPLICATION**



ALL QUESTIONS BELOW MUST BE ANSWERED IN FULL AND ALL INFORMATION SHOULD BE CORRECT.

**PLEASE PRINT IN BLACK INK OR TYPE.**

**All information on this application will be confidential.**

NAME: \_\_\_\_\_ ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_ PHONE: \_\_\_\_\_

AGE: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_/\_\_\_\_/\_\_\_\_ PLACE OF BIRTH: \_\_\_\_\_

RACE: \_\_\_\_\_ HEIGHT: \_\_\_\_\_ WEIGHT: \_\_\_\_\_ HAIR: \_\_\_\_\_ EYES: \_\_\_\_\_

SOCIAL SECURITY NUMBER: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ CIRCLE SEX: FEMALE / MALE

D.L. /I.D. NUMBER: \_\_\_\_\_ CLASS: \_\_\_\_\_ EXP. DATE \_\_\_\_\_

SCHOOL ATTENDING: \_\_\_\_\_ GRADE: \_\_\_\_\_

SCHOOL ADDRESS: \_\_\_\_\_

ADDRESS CITY PHONE

U.S. CITIZEN: YES / NO ARE YOU A BOY OR GIRL SCOUT: YES / NO

\_\_\_\_\_  
PARENT/ GUARDIAN NAME DATE OF BIRTH

\_\_\_\_\_  
PARENT/ GUARDIAN NAME DATE OF BIRTH

Give the names of three (3) character references. Do not give relatives please.

NAME ADDRESS PHONE

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PRESENTLY EMPLOYED? \_\_\_\_\_ IF YES, WHAT ARE YOUR HOURS? \_\_\_\_\_

EMPLOYER: \_\_\_\_\_ PHONE: \_\_\_\_\_

EMPLOYER ADDRESS: \_\_\_\_\_

ADDRESS CITY ZIP

HAVE YOU EVER BEEN CITED FOR ANY VIOLATION? \_\_\_\_\_ IF YES, EXPLAIN VIOLATION

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HAVE YOU EVER BEEN ARRESTED? \_\_\_\_\_ IF YES, EXPLAIN THE CRIME BRIEFLY

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LIST ALL ORGANIZATIONS TO WHICH YOU BELONG (PAST AND PRESENT).

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EXPLAIN WHY YOU WISH TO JOIN THIS POST.

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*Please attach a one page hand written autobiography to this application.*

I authorize investigation of all statements contained in this application, and I understand that misrepresentation or omission of information shall be cause for my application to be rejected.

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

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**DO NOT WRITE BELOW THIS LINE**

Application Approved By: \_\_\_\_\_ Date: \_\_\_\_\_

Oral Interview: PASSED / FAILED POST I.D. NUMBER: \_\_\_\_\_ BADGE: \_\_\_\_\_

Background Assigned To: \_\_\_\_\_ Date: \_\_\_\_\_ PASSED / FAILED

Date Accepted to Post: \_\_\_\_\_ BSA Application Done Date: \_\_\_\_\_ Report Card \_\_\_\_\_

Ride-A-Long Application Done Date: \_\_\_\_\_ Issued Equipment Form Done Date: \_\_\_\_\_

Photo of Post Applicant Done Date: \_\_\_\_\_ Fingerprints Taken Done Date: \_\_\_\_\_

**Post Advisor Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Post President Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Date Resigned: \_\_\_\_\_ Reason: \_\_\_\_\_

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