

LAKE DELTON POLICE DEPARTMENT
Lake Delton, Wisconsin

RIDE ALONG APPLICATION

READ THESE INSTRUCTIONS CAREFULLY before completing this application.

The application must be typewritten or clearly printed in ink. You will be evaluated based on the information which you supply. All information which you supply is subject to independent verification and if not verifiable, will not be considered. Be sure the information you furnish is both accurate and complete. If you intentionally supply inaccurate or misleading information, you are subject to immediate disqualification. If the requested information is missing or incomplete, the application will not receive further consideration. Return the form to the department or email to LDPD@lakedeltonpd.org.

GENERAL INFORMATION

FULL NAME _____
(first) (middle name) (last)

DATE OF BIRTH _____

DRIVERS LICENSE NUMBER _____ STATE _____ EXP _____

ADDRESS _____

CITY _____ STATE _____ ZIP CODE _____

TELEPHONE: HOME _____ WORK _____

SEX _____ RACE _____ HEIGHT _____ WEIGHT _____ HAIR _____ EYES _____

PERSONAL REFERENCES

LIST THREE PERSONAL REFERENCES, not relatives or present employers:

1. NAME: _____

ADDRESS: _____ TELEPHONE: _____

2. NAME: _____

ADDRESS: _____ TELEPHONE: _____

3. NAME: _____

ADDRESS: _____ TELEPHONE: _____

OTHER INFORMATION

HAVE YOUR DRIVING PRIVILEGES BEEN REVOKED OR SUSPENDED WITH IN THE LAST THREE YEARS? YES or NO. IF YES, BRIEFLY EXPLAIN WHY.

HAVE YOU BEEN CONVICTED OF A NON-TRAFFIC LAW VIOLATION WITH IN THE LAST FIVE YEARS? YES or NO. IF YES, LIST THE VIOLATION(S) BELOW.

HAVE YOU EVER BEEN INVOLVED IN A RIDE ALONG PROGRAM WITH THIS DEPARTMENT OR ANY OTHER LAW ENFORCEMENT AGENCY? YES or NO
IF A DIFFERENT AGENCY LIST THAT OR THOSE AGENCIES BELOW.

It will be up to the applicant to notify this department if there is a change in any criteria or application answers as soon as possible. If something changes and we are not notified by you, but the discovery is found by this department the ride along privileges will be terminated for life.

I HEREBY CERTIFY THAT ALL STATEMENTS MADE BY ME ON THIS APPLICATION ARE TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE.

Signature of applicant (no nicknames please) DATE _____

Department Use Only

THIS APPLICATION IS: APPROVED _____ DENIED _____ DATE _____

SIGNATURE _____ RANK OR TITLE _____