



**BEAUMONT**  
**CITIZENS ON PATROL**

**APPLICATION FOR MEMBERSHIP**

PLEASE PRINT OR TYPE

PERSONAL:

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Driver s License: State \_\_\_\_\_ Number \_\_\_\_\_

Neighborhood Association: \_\_\_\_\_

BACKGROUND:

Employer Name: \_\_\_\_\_

Employer Address: \_\_\_\_\_ Telephone: \_\_\_\_\_

Previous Employer: \_\_\_\_\_

Address: \_\_\_\_\_ Telephone: \_\_\_\_\_

Have you ever been terminated from any employment due to misconduct? \_\_\_\_\_

Explain If Necessary: \_\_\_\_\_

\_\_\_\_\_

List any crminal offenses for which you have been convicted. Do not include traffic tickets:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

REFERENCES:

List two immediate family members or close friends that we may contact during an emergency:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_ Telephone: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_ Telephone: \_\_\_\_\_

MEDICAL HISTORY:

The following information is needed in case of an emergency. List any medications that you take currently and the condition for which it is used. Include any medical information that a treatment facility should know. List the name and phone number of your primary physician.

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I hereby certify that there are no willful misrepresentations, omissions, or falsifications in the foregoing statements. I understand that any omissions or falsifications may constitute sufficient cause for application rejection or denial of application. I give consent to and understand that the Beaumont Police Department will conduct a background investigation that may include, but will not be limited to, any criminal history, employment history or any other information in this application.

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

Please mail completed application to:

BEAUMONT CITIZENS ON PATROL  
Beaumont Police Department  
P.O. Box 3827  
Beaumont, Texas 77704