

SIDE TWO

How did you learn of the Enterprise Police Department S.A.F.E. Program?

Do you have any training in firearms or belong to any firearm association? If yes, which group or what kind of training (formal or non-formal)?

Participants in the Enterprise Police Department S.A.F.E. Program may be photographed, filmed, and/or names used in promotional activities of the City of Enterprise Police Department. Your signature gives us the permission to use these without compensation:

Signature:

Date:

Have you ever been arrested or convicted of a crime? If yes, please explain:

CONSENT FOR BACKGROUND CHECK

Due to the possibility of applicants handling and using firearms while attending the City of Enterprise Police Department S.A.F.E. Program, we must ensure that all applicants are not forbidden by law to possess a firearm. Therefore, we must require all applicants to submit to a background check:

I, _____ (print your name clearly) hereby authorize the instructors of the S.A.F.E. Program to receive any criminal history record information pertaining to the individual identified above, which may be in the files of any state or LETS in the State of Alabama.

Signature:

Date:

Witness:

Date:



City of Enterprise
Police Department **S.A.F.E.** Training Program

ENTERPRISE POLICE DEPARTMENT S.A.F.E. PROGRAM
501 SOUTH MAIN STREET
ENTERPRISE, AL 36330

SIDE ONE

Full Name (Print):

Home Address:

Home Phone:

Work Phone :

Cellular Phone :

Email Address

Date of Birth:

Sex:

___M ___F

Driver's License Number

Employer:

Occupation:

In Case of Emergency Contact:

Relationship:

Phone Number: