



Police Department

Protection. Duty. Honor. Service.

Charger Watch Application

Name: _____ DOB: __/__/__

College Rank: _____ Major: _____

Phone #: (____) _____

Driver's License #: _____ DL State: _____

On Campus Address: _____

Off Campus Address: _____

Are you Currently Employed: (Y / N) If yes, where: _____

Do you have any medical conditions that you want to make us aware of: (Y / N)

If yes please explain:

Have you ever been convicted of a crime: (Y / N)

If yes, please explain: _____

Please List Availability:

Monday: _____

Tuesday: _____

Wednesday: _____

Thursday: _____

Friday: _____

Saturday: _____

Sunday: _____

Emergency Contact:

Name: _____ Relation: _____

Contact #: _____

Address: _____

City/State/ZIP: _____

Applicant Signature: _____

Date: _____