

**ST. PETERSBURG POLICE DEPARTMENT
COLLEGE STUDENT INTERN PROGRAM
BACKGROUND INVESTIGATION WORKSHEET**

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Read and answer every question completely. All of the information in this application is subject to verification. Any misstatement of facts, falsifications, or omissions of information will result in your disqualification from our process.

APPLICANT INFORMATION

Full Legal Name: _____
(First) (Middle) (Last)

Former Name/Aliases: _____

Current Address: _____
(Street) (City) (State) (Zip)

Date of Birth: _____ Place of Birth: _____

Social Security Number _____ Cell Phone: () _____

Gender _____ Race _____ Ethnicity _____

Height _____ Weight _____

Eye Color _____ Hair Color _____

Driver's License or State ID Number: _____ State: _____

Expiration Date: _____

A copy of your Driver's License or State Issued ID card must be submitted with this form.

<u>For Office Use Only</u>	
<u>FINGERPRINT CLASSIFICATION:</u>	FCIC/NCIC: _____

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FAMILY INFORMATION

Spouse Full Legal Name: _____ Spouse Date of Birth: _____

Spouse's Maiden Name (if applicable) _____

Please provide the full legal name, dates of birth and current address of the following family members:

Relation	Name	Date of Birth	Gender	Current Address
Father				
Mother				
Step-Mother				
Step-Father				
Brother(s)				
Sister(s)				
Children				

I acknowledge that I understand all of the information that I have provided on this form is subject to verification through a background investigation and polygraph examination and that the records established and maintained are the property of the City of St. Petersburg and may be classified as public records pursuant to Florida state law.

Applicant Signature: _____ Date: _____