



Bella Vista Police Department

Officer Testing Application

Please print clearly or type.

Last Name:	First Name:	Middle Name:	Date:
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Date of Birth:	Social Security Number:
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Mailing Address:	Street	City	State	Zip Code
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Home Phone:	Cellular Phone:	Work Phone:
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Current Employer:

Work Address:	Street	City	State	Zip Code
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Drivers License Information:	Number	State	Type	Expiration Date
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Have you ever been convicted of a felony? (Check one) Yes No

Have you ever been convicted of Domestic Abuse? (Check one) Yes No

Are you a United States Citizen? (Check one) Yes No

Are you a Certified Law Enforcement Officer? (Check one) Yes No

If so, in what state? _____ Type of Certification? _____

Your Signature in Full:

X _____

Witness Signature:

X _____

Note:
Your driver's license will be required at the time of testing.
Any false information could result in the rejection of this application.