



**RICHMOND POLICE DEPARTMENT
NEIGHBORHOOD ASSISTANCE OFFICER
APPLICATION**



Personal Information

Name:				
	FIRST	MIDDLE	LAST	SUFFIX
Address:				
	STREET	CITY	STATE	ZIP CODE
Phone:				
	HOME	WORK	CELL	
Email:				
	PRIMARY		SECONDARY	

Background

Briefly explain why you wish to serve as a Richmond Police Department Neighborhood Assistance Officer:

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Special Skills and/or Qualifications

Please summarize any special skills, training, or qualifications you have acquired from employment, previous volunteer work or through other activities including hobbies and sports

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Associations

Please list any associations you are affiliated with including groups, clubs, or organizations

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Employment Information				
Present Employer:				
	BUSINESS OR COMPANY NAME			
Address:				
	STREET	CITY	STATE	ZIP CODE
Position:				
	JOB DESCRIPTION / DUTIES			TITLE
Supervisor:				
	NAME	PHONE	EMAIL	
Previous Employer:				
	BUSINESS OR COMPANY NAME			
Address:				
	STREET	CITY	STATE	ZIP CODE
Position:				
	JOB DESCRIPTION / DUTIES			TITLE
Supervisor:				
	NAME	PHONE	EMAIL	
Agreement and Signature				
Please review your answers carefully and read the statement before BEFORE signing this application.				
- I hereby certify that there are no willful misrepresentations, omissions, or falsifications in the foregoing statements and answers to questions and that all statements and answers are true and correct to the best of my knowledge and belief. I understand that any omission or false statement on this application shall be sufficient cause for rejection for enrollment or dismissal from the Richmond Police Department's Neighborhood Assistance Officer Academy and its program. - I hereby authorize my current and former employers and personal references to furnish the City of Richmond Police Department with any job-related information requested. - I hereby authorize the Richmond Police Department to conduct an investigation i my background, including, but not limited to, a criminal history and driving history records.				
PRINTED NAME	SIGNATURE		DATE	

Please forward all completed applications to:

Lt. KeShawn Manns
c/o Richmond Police Department, Special Operations Division
2219 Chamberlayne Avenue
Richmond, VA 23222
(804) 646-1726