



Emeryville Police Department

Permit Application

Please Print All Information

☐ Card Room Employee

☐ Other _____

Today's Date:									
Last Name				First Name				Middle	
AKA Last Name				AKA First Name					
Race	Sex	Date of Birth	Height	Weight	Hair Color	Eye Color	Tattoos	Scars/Marks	
Have you ever been convicted of a crime Yes[] No[]			Location of Crime		Date	Reason			
Social Security Number		Driver License/ID #		Expiration	State	Other ID Numbers			
Home Address			Apt #	City & State			Zip	Telephone Number	
Employer		Employer Address			Telephone Number		Position		

I solemnly swear, under the penalty of perjury, that the information that I have provided above is true, accurate and complete.

I understand that any false statements I have made will be a basis for denying my application to work as a _____.

I give the Chief of Police, or his representative(s) permission to verify all of the information I have provided. I understand that the Chief of Police may report any criminal offense for which I have been convicted to the City Manager and/or Emeryville City Council.

I understand that the _____ Permit is the property of the Emeryville Police Department and must be returned upon request or upon expiration.

I understand that all times while working as a _____ in the City of Emeryville that I must display my _____ Permit for the public's plain view.

Signature of Applicant

Date

Witnessed by EPD employee w/serial number

Date

ATI #