

SUMMARY REPORT FORM

NAME: _____ SS # _____

ADDRESS: _____

EMAIL: _____

DATE OF BIRTH _____ SEX _____

RACE: _____ (For Statistical Purposes Only)

DEPARTMENT: _____

DEPT. PHONE: _____ DEPT. HEAD: _____

EMPLOYMENT DATE WITH PRESENT DEPARTMENT: _____

TOTAL CIVILIAN POLICE EXPERIENCE: _____
(YEARS) (MONTHS)

NOTIFY IN EMERGENCY: _____ PHONE: _____

SPECIAL MEDICAL INFORMATION: BLOOD TYPE: _____

EDUCATION: HIGH SCHOOL GRADUATE _____

DID NOT GRADUATE HIGH SCHOOL _____

COLLEGE: 0 –6- HOURS _____

60 – 120 HOURS _____

ASSOCIATE DEGREE _____

BA DEGREE _____

BS DEGREE _____

MA DEGREE _____

MS DEGREE _____