



Snyder Police Department Applicant Request for Ride-Along

This request form is for Police Department applicants only, or academy attendees with intentions of applying. Please use a separate form for regular ride along requests, or CPA requests.

Last Name: _____ First Name: _____ M.I. _____

Address: _____ City: _____ State: _____ Zip Code: _____

D.O.B. _____ Race: _____ Sex: _____ Driver's License # _____ D.L. State: _____

Primary Phone #: (____) _____ Email Address: _____

Emergency Contact Name: _____ Phone: (____) _____

Date Requesting to Ride: _____ Shift: [] 6AM-2PM [] 2PM-10PM [] 10PM-6AM

Specific Officer Requested: _____

Academy you're Attending: _____

Expected Graduation Date: _____

Have you applied for a position with this department? [] Yes [] No

If Yes, Date of Application: _____

Were you contacted by a department recruiter? [] Yes [] No

If Yes, Whom: _____

****FOR OFFICE USE****

Date Request Received: _____ Department Member/ Recruiter: _____

Applicant passed background and warrant check? [] Yes [] No If no, why?: _____

Supervisor Approval: [] Yes [] No Signature: _____ Reason: _____

Ride-along Scheduled: Date: _____ Shift: Shift: [] 6AM-2PM [] 2PM-10PM [] 10PM-6AM

Officer Assigned: (Subject to Change by Supervisor) _____

For the purposes of applicant follow-ups, ALL applicant ride-along requests will be forwarded to one of the department recruiters following approval!