

ChATs
PO Box 621
Horsham, PA 19044

THE HORSHAM POLICE DEPARTMENT
CHIEF'S ADVISORY TEAMS
ChATs APPLICATION

Phone:
215-643-3600 ext 150
FAX:
215-643-0390

*NOTE: Applicants must be at least 18 years of age. Incomplete and/or unsigned applications will not be considered.
Please print or type.* Date: _____

Last Name: _____ First Name: _____ Middle: _____ Sex: _____

Date of Birth: _____

Street Address: _____

City: _____ State: _____ ZIP: _____

Telephone Numbers Home: () _____ Driver's License Number: _____ State: _____

Work: () _____ Make of Car: _____

Cell: () _____ License Plate and State: _____

E-Mail Address: _____

Employer: _____ Title: _____

Employer's Address: _____

Hours at Work: _____

Have you ever been convicted of any offense of a misdemeanor or felony degree: _____ If yes please explain:

"I hereby certify that there are no willful misrepresentations, omissions or falsifications in the foregoing statements and answers to questions. I understand that any omission or false statements on this application shall be sufficient cause for rejection for enrollment in or dismissal from the Horsham Police Department's Chief's Advisory Teams.

I further understand that the Horsham Police Department will be conducting a thorough background investigation that may include, but is not limited to, any criminal history."

Applicant's Signature _____ Date: _____

If you have any questions please contact the Horsham Township Police Department at 215-643-3600.

ChATs STAFF USE ONLY:

Neighborhood ChAT's Team: _____

Reviewed by: _____ Date: _____
