



SUMNER COUNTY SHERIFF'S OFFICE

Sheriff's Citizen Academy Application

NAME: _____ DOB: _____

ADDRESS: _____

TELEPHONE: _____ EMAIL: _____

DRIVERS LICENSE #: _____ EXP. DATE: _____ SS #: _____

PLACE OF EMPLOYMENT: _____

ADDRESS: _____ PHONE: _____

Please mark the appropriate box with a "X"

- Is your Driver's license valid at this time? YES NO
- Have you ever been convicted of a felony? YES NO
- Have you deliberately falsified your application? YES NO
- Have you deliberately omitted any information? YES NO
- Have you ever been fired from a job? YES NO
- Have you ever stolen anything from a place of employment? YES NO
- Have you ever been accused of theft or fraud? YES NO
- Have you ever stolen anything valued over \$50 or over? YES NO
- Have you ever committed any undetected crimes? YES NO
- Have you ever committed the offense of shoplifting? YES NO
- Have you ever been arrested? YES NO
- Are you a member of any organization that advocates violence? YES NO
- Do you have any bad checks out now? YES NO
- Have you ever forged a check? YES NO
- Have you ever had merchandise repossessed? YES NO
- Have you ever had your wages garnished? YES NO
- Have you ever used or experimented with marijuana or other illegal drugs? YES NO
- Have you used marijuana in the last six months? YES NO
- Have you ever used hard drugs or narcotics in the past twelve months? YES NO
- Have you ever sold any type of drug? YES NO
- Is there anything in your personal life that would embarrass the Sheriff or the Sheriff's Office? YES NO
- Have you ever had your Driver's license suspended or revoked? YES NO
- Do you now have or have you ever had a gambling problem? YES NO
- Were you in the armed services? If so what branch? _____ Dates of service _____ YES NO

I CERTIFY THAT ALL STATEMENTS MADE ON THIS APPLICATION ARE TRUE AND COMPLETE. I AUTHORIZE ANY INDIVIDUAL, COMPANY, ORGANIZATION OR INSTITUTION TO RELEASE ANY AND ALL INFORMATION CONCERNING STATEMENTS MADE BY ME ON THIS APPLICATION, AND I DO HEREBY RELEASE ALL PARTIES AND INDIVIDUALS FROM ALL LIABILITIES FOR ANY DAMAGES WHATSOEVER INCURRED IN THE FURNISHING MISSTATEMENT OR OMISSION OF MATERIAL FACTS WHICH MAY DISQUALIFY ME TO ATTEND THE SHERIFF'S CITIZEN ACADEMY. MY SIGNATURE BELOW ACKNOWLEDGES MY UNDERSTANDING AND AGREEMENT WITH MATERIAL PROVIDED.

Printed name of Applicant _____

Applicant's Signature: _____ Date: _____



SUMNER COUNTY SHERIFF'S OFFICE

Sheriff's Citizen Academy Application

NAME: _____
DATE OF BIRTH: _____
SSN: _____
DATE: _____

Sheriff Sonny Weatherford and the Sumner County Sheriff's Office want to thank you for your interest in your community.

Knowing the information you furnished may be checked by an investigator with this agency, do you know of anything else that they would find that would eliminate you from consideration for attending the academy?

Explain fully all questions marked "yes" on previous page

Make a brief statement why you would like to attend the Sumner County Sheriff's Citizen Academy

FOR OFFICIAL USE ONLY

Applicant has completed all application documentation and is approved / rejected for the Sheriff's Citizen Academy

PRINTED NAME: _____
SIGNATURE: _____ DATE: _____