



### Polk County Sheriff's Office 2024 Citizens Academy Application

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle Name \_\_\_\_\_

Date of Birth \_\_\_\_\_ Age \_\_\_\_\_ SSN \_\_\_\_\_ Driver's License Number \_\_\_\_\_ Sex \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Email Address \_\_\_\_\_

Employer \_\_\_\_\_ Occupation \_\_\_\_\_ Supervisor \_\_\_\_\_

Employer's Address \_\_\_\_\_ Employer Phone Number \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Phone Number \_\_\_\_\_

Have you ever been arrested, cited, adjudicated or convicted of a felony or misdemeanor (other than a traffic violation) or received a suspension, deferred sentence or forfeited bail for any offense in juvenile, criminal or military court? Or do you have any such charged pending in any court? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, complete as applicable.

Offense \_\_\_\_\_ Date of conviction \_\_\_\_\_ State \_\_\_\_\_

Offense \_\_\_\_\_ Date of conviction \_\_\_\_\_ State \_\_\_\_\_

Offense \_\_\_\_\_ Date of conviction \_\_\_\_\_ State \_\_\_\_\_

Briefly describe your motivation for applying for the Citizens Academy? \_\_\_\_\_

What has been your prior exposure or experience with law enforcement? \_\_\_\_\_

Polo Shirt \_\_\_\_\_ Mens \_\_\_\_\_ Womens \_\_\_\_\_ Size \_\_\_\_\_ Small \_\_\_\_\_ Medium \_\_\_\_\_ Large \_\_\_\_\_ X-Large \_\_\_\_\_ 2X-Large \_\_\_\_\_ 3X-Large

I have answered the questions in this application fully and truthfully. I understand the information provided in this application will be used to conduct a background check to determine suitability for participation in the Citizens Academy. By signing this form I authorize the Polk County Sheriff's Office to conduct a background check.

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_