

Sheriff's Citizens Academy Application

Date:				
Name:			Date of Birth:	
Last	First	Middle	-	
Address:		City:	State:	Zip:
How long at present address?		Email address:		
Previous address if less than 5	years at cu	rrent address:		
Phone: <u>()</u>		Business: ()		
Driver's License Number:		Social Security	v Number:	
Do you have a valid Tennessee Driver's License?				
Have you ever been convict when did the crime occur?				
Are you a U.S. citizen?				
Name and address of empl	oyer:			
Position:		Education Leve	el:	

I have made application to the Blount County Sheriff's Office Citizen's Academy and hereby give full authorization to the Blount County Sheriff's Office to conduct a complete background investigation before I may be considered to the above named academy. Completion of the application does not guarantee I will be admitted to the academy. I will be notified of my status regarding participation in the academy after completion of the necessary background investigation.

Signed this ______ day of ______, 20____,

Person authorizing release:_____

I hereby affirm that the information provided on this application is true and complete to the best of my knowledge. I understand that falsified information or significant omissions may disqualify me and my application from further consideration for the Sheriff's Citizens Academy. If I am selected to participate in the academy I will be required to follow necessary rules and codes of conduct as determined by the Blount County Sheriff's Office. If at any time my behavior is contrary to those guidelines, I may be asked to discontinue my participation in the academy.

Applicant signature:_____

Date:_____

Please return completed application to:

Attn: Lt. Brad Butler Blount County Sheriff's Office 940 E. Lamar Alexander Parkway Maryville, TN 37804

Or email to Outreach@bcso.com