



CHARLES COUNTY SHERIFF'S OFFICE
CITIZENS POLICE ACADEMY
Application Form



APPLICANT INFORMATION				
First Name:	Middle Name:	Last Name:	Jr., Sr., Etc.:	
Date of Birth:	Driver's License Number/State:	Education Completed:		<input type="checkbox"/> Associate Degree <input type="checkbox"/> High School <input type="checkbox"/> Some College <input type="checkbox"/> Bachelor's Degree <input type="checkbox"/> Graduate +
Street Address:			Email Address:	
City:	State:	Zip:	Home Telephone #:	Cell Phone #:
Employer / School Name:				
Employer / School Address:				
Briefly state the reason you have requested to participate in the Citizens Police Academy:				
Do you have a friend or relative working in law enforcement? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, what is his or her name? _____ What agency does he or she work for? _____ Are you associated with any citizen groups? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, which one(s)? _____				
By completing this application and signing below, I understand that a background investigation will be conducted to complete the application process. Signature: _____ Date: _____ Once complete, please return this form to: Charles County Sheriff's Office 6915 Crain Highway PO Box 189 La Plata, MD 20646 Attn: Human Resources				
Records Check: <input type="checkbox"/> approved <input type="checkbox"/> denied by: _____ ID #: _____ Date: _____				
Community Services Commander Approval: _____ ID #: _____ Date: _____				