



# Franklin County Sheriff's Office

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## Citizens Law Enforcement Academy

### Application

(Please Print or Type Clearly)

Full Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Email Address: \_\_\_\_\_

Occupation: \_\_\_\_\_

Employer Name: \_\_\_\_\_

Employer Address: \_\_\_\_\_

Please list all memberships or affiliations with any civic groups and professional organizations:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Have you ever been convicted of a felony? \_\_\_\_\_

If yes, details:

Why do you wish to attend the Franklin County Sheriff's Office Citizens Academy?

I authorize the Franklin County Sheriff's Office to conduct a background check prior to my acceptance into the Citizens Academy.

Signed: \_\_\_\_\_

Date: \_\_\_\_\_