CITIZENS LAW ENFORCEMENT ACADEMY APPLICATION

Name: _____ Sex: _____
(Last) (First) (Middle) (male or female)

Address: _____
(Street) (City) (Zip Code)

Place of Birth: _____ Social Security #: _____

Drivers License #: _____ Telephone : _____

Place of Employment: _____ Years Employed: _____

Address:_____
(Street) (City) (Zip Code)

Immediate Supervisor: _____ Telephone: _____

References: Please provide the information requested for three (3) references who may be contacted regarding your background and citizenship.

(Name) (Address) (Telephone)

(Name) (Address) (Telephone)

(Name) (Address) (Telephone)

I have never been convicted of either a misdemeanor or a felony criminal charge and I currently have a NC Driver's License.

Signature: _____

I hereby authorize either the Albemarle Police Department or the Stanly County Sheriff's Office to conduct a background investigation that may include contacting my employer, references I have provided and conducting both a driver's and criminal history check to determine my eligibility for consideration as a participant in the Citizens Law Enforcement Academy. I understand that if selected additional Waiver of Liability Releases in accordance with agency policy will be required. I further understand that acceptance in this Citizens Law Enforcement Academy requires the approval of both law enforcement agencies.

Signature: _____