

COLUMBUS COUNTY SHERIFF'S OFFICE CITIZENS ACADEMY

APPLICATION

Name: _____
Last
First
Middle

Address: _____

Phone Numbers: _____
Home
Work
Cell

Driver License #: _____ SSN: _____ Date of Birth: _____

Employer: _____ Occupation: _____

Business Address: _____

Email Address: _____

Sex: M F Race: Caucasian Black Hispanic Asian

Do you have Law Enforcement experience? _____

If yes, please explain (agency name, location, years of service, areas of expertise, specialized training, etc...)
 *** Please provide copies of certificates. ***

How did you hear about our Citizens Academy? _____

Do you know anyone employed with the Columbus County Sheriff's Office? Yes _____ No _____

If yes, who? _____

Have you ever been charged or convicted of a crime? Yes _____ No _____

If yes, please explain. _____

Please return completed application to:

Today's Date: _____

Columbus County Sheriff's Office
 Attention: Citizens Academy
 PO Box 280
 Whiteville, NC 28472
 (910) 642-6551

Thank you for your interest in the Columbus County Sheriff's Office Citizens Academy.