



CITIZENS LAW ENFORCEMENT ACADEMY
 Columbus Police Department/Muscogee County Sheriff's Office
APPLICATION FOR ADMITTANCE



NAME _____ Date of Birth* _____
Last First Middle Initial

Race * _____ Sex* _____ Social Security Number* _____

Address _____
Street Apt. # City State Zip

Driver's License Number _____
Number State

Employer _____
Name Address

Home Phone _____ Cell _____ Business Phone _____

E-MAIL ADDRESS _____

How long have you lived in the city? _____

Previous address _____
Street City State Zip

Have you ever been arrested for any offense other than minor traffic offenses? Yes No

If yes, what for _____ When? _____ Where? _____

How did you hear about the academy? _____

What do you expect to gain from attending? _____

Will you be able to attend all class sessions? Yes No

I hereby certify that the information contained in this application is true and complete to the best of my knowledge. The Columbus (GA) Police Department and/or the Muscogee County (GA) Sheriff's Office is authorized to make any investigation of my personal history deemed necessary for consideration to attend the **Citizens Law Enforcement Academy**.

Signature _____ Date _____

FOR OFFICIAL USE ONLY

Information verified by _____ Date _____
 Other _____

*This information is required for proper verification of data provided. It is not used for any other purpose.