CITIZENS LAW ENFORCEMENT ACADEMY

Aniorce

Columbus Police Department/Muscogee County Sheriff's Office APPLICATION FOR ADMITTANCE



Last First Middle Initial Race *Sex*Social Security Number*	NAME		Date of Birth*	
Address	Last	First Middle Initial		
Street Apt. # City State Zip Driver's License Number	Race * Sex <u>*</u>	Social Security Nu	ımbe <u>r*</u>	
Driver's License Number Number State Employer Name Address Home Phone Cell Business Phone E-MAIL ADDRESS E-MAIL ADDRESS How long have you lived in the city? Previous address Street City State Previous address				
Number State Employer	Street	Apt. #	City State Zip	
Employer Name Address Home Phone Cell Business Phone E-MAIL ADDRESS E 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 Ino If yes, what for When? Where? Where? What do you hear about the academy? What do you expect to gain from attending? Ves No Ino Ino 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 Thormation verified by	Driver's License Number			
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Home Phone Cell Business Phone E-MAIL ADDRESS			Address	
E-MAIL ADDRESS	Nam	9	Address	
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Information verified by Date	Signature	Date		
	Information verified by	FOR OFFICIAL U		

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