

PAULDING COUNTY SHERIFF'S CITIZENS ACADEMY APPLICATION



Applicant Information

Full Name: _____ Date: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

City State ZIP Code

Phone: _____ Email _____

Driver's License # _____

Are you a citizen of the United States? YES NO Are you at least 18 years of age or older? YES NO

Have you ever been convicted of a felony? YES NO

If yes, explain: _____

References

Please list two professional references.

Full Name: _____ Relationship: _____
 Company: _____ Phone: _____
 Address: _____

Full Name: _____ Relationship: _____
 Company: _____ Phone: _____
 Address: _____

Current Employment

Company: _____ Phone: _____

Address: _____ Supervisor: _____

Military Service

Branch: _____ From: _____ To: _____

Rank at Discharge: _____ Type of Discharge: _____

If other than honorable, explain: _____

Disclaimer and Signature

PLEASE REVIEW YOUR ANSWERS CAREFULLY AND READ THE STATEMENT BELOW BEFORE SIGNING THIS APPLICATION.

I certify that my answers are true and complete to the best of my knowledge.

I understand I may be photographed or videotaped by the news media or the Paulding County Sheriff's Office during the course of this program. These pictures or videotapes may be used for news releases and information promotions.

Due to the curriculum content, some classes require walking and standing for a period of time as different Law Enforcement activities will be demonstrated. Please inform us of any considerations or accommodations you may need while participating in the Citizen Academy.

Signature: _____ Date: _____

**RETURN APPLICATION TO:
PAULDING COUNTY SHERIFF'S OFFICE
500 EAST PERRY STREET
PAULDING, OHIO 45879**

**OR E-MAIL TO:
jklanders@pauldingohsheriff.com**