



Lancaster County Sheriff's Office

Sheriff Barry S. Faile

CITIZENS ACADEMY APPLICATION

SUPPORT SERVICES DIVISION

PERSONAL INFORMATION

1. Name

LAST	FIRST	MIDDLE
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List other names you have used or been known by. Include maiden names, married or adopted names or nicknames:

2. List the physical address of the residence where you currently live:

Number	Street	City	State	Zip
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3. List Telephone numbers at which you can be contacted:

Home: _____

Work: _____

Cell: _____

4. Date of Birth: _____

Month	Day	Year
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5. Place of birth (City and State or Country): _____

6. Social Security Number: _____

RELATIVES, REFERENCES, ACQUAINTANCES

During the background investigation, persons who know you may be asked to comment upon your suitability for the position for which you have applied. Inquiries will be confined to job-relevant matters.

7. Please supply the appropriate information in the spaces below. If a category is not applicable, write in "n/a."

Father's name - _____

Address - _____

Contact number - _____

Mother's name - _____

Address - _____

Contact number - _____

Spouse's name - _____

Contact number/email - _____

8. List three individuals who know you and your qualifications as personal or professional references. Please do not list relatives.

NAME/RELATIONSHIP	Email Address	CELLPHONE

9. List individuals with whom you have resided (for more than 30 days) with in the last five years.

NAME	Email Address	CELLPHONE

EDUCATION

11. Please indicate your current or previous educational background.

_____ I possess a high school diploma.

_____ I passed the G.E.D. (General Education Development) Test.

_____ I possess the following college degrees.

12. List all the schools you have attended, beginning with high school.

NAME OF SCHOOL	LOCATION CITY/STATE	DATES ATTENDED

EXPERIENCE AND EMPLOYMENT

13. Beginning with your most current employment, list all jobs you have held in the past five years. **Should you need to list additional experience/employment information, please use an extra sheet of paper and include the same information below.**

Current/Previous Employer - _____

Address - _____

Telephone number - _____

Dates of Employment - From - _____ To - _____

Supervisor - _____ # of hours _____

Job Duties - _____

MILITARY SERVICE

14. Have you ever served in the Armed Forces, National Guard, or Military Reserves?
Yes _____ No _____

If "YES," please supply the following information:

Branch of Service: _____ Service Number: _____

Dates of Service: From: _____ To _____

Type of Discharge: _____

DRIVERS LICENSE INFORMATION

15. Please supply the following information:

Driver's License Number State Name as Printed on License

BACKGROUND INFORMATION:

16. List organizations, clubs, professional societies, or other associations of which you have been a member (please include the group's name, the city and state, and present status or position in the group).

17. Have you used any marijuana/T.H.C. in the last year? Yes ___ No ___
If yes, when was the last time you used any form of marijuana? _____

18. Have you used any other illegal drug or substance in the last five years? Yes ___ No ___
If yes, list below any other illegal drugs you have used or experimented with.

Drug _____ Date of last time used _____
Drug _____ Date of last time used _____

19. Have you ever abused any prescription drugs? Yes ___ No ___
If yes, list below any prescription drug you have abused.

Drug _____ Date of last time used _____
Drug _____ Date of last time used _____

20. Have you ever been arrested for any crime as an adult or juvenile? Yes ___ No ___
If yes, please attach an additional document to this application explaining the incident. Please include the date, location, and jurisdiction that the incident occurred.

21. Have your driving privileges been suspended, revoked, or canceled in the last ten years?
Yes ___ No ___
If yes, please attach an additional document to this application explaining the incident. Please include the date, location, and jurisdiction that the incident occurred.

PERSONAL INQUIRY WAIVER: I authorize the Lancaster County Sheriff's Office to examine all necessary records to determine my character, reputation, and criminal history. All information not otherwise a public record will remain confidential and will be utilized solely to evaluate my qualifications and fitness to attend the Citizen's Academy with the Lancaster County Sheriff's Office.

Signature

Date

I affirm that this application contains no false statements, misrepresentations, or omissions, nor did I intentionally conceal information that would knowingly make me ineligible. I further understand that at any time during my background investigation, should any information be discovered which is not factual; I may become ineligible to attend the Citizen's Academy with the Lancaster County Sheriff's Office.

Signature

Date