



CITIZENS LAW ENFORCEMENT ACADEMY

Columbus Police Department/
Muscogee County Sheriff's Office/Muscogee County Marshal'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 _____ Business Phone _____

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, the Muscogee County (GA) Sheriff's Office, and/or the Muscogee County (GA) Marshal's Office are 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.