



**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 \_\_\_\_\_ 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 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.