

GILCHRIST COUNTY SHERIFF'S OFFICE

CITIZEN'S LAW ENFORCEMENT ACADEMY APPLICATION

All applicants will be subject to a complete background check. Citizen's Law Enforcement Academy applications will be accepted on a first-come-first-serve basis. Those who apply and are not accepted due to the program being full will be notified and placed on a list for the next scheduled academy.

Applicant's Name

Name: _____

Address: _____

Phone Number: _____ Cell #: _____

Date of Birth: _____ Race: _____ Sex: _____

Florida Driver's License Number: _____

Email Address: _____

Disclaimer and signature

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

Signing this application, you authorize the Gilchrist County Sheriff's Office to conduct a Background Check.

Signature of Applicant: _____ Date: _____

STATE OF FLORIDA COUNTY OF _____

The foregoing instrument was acknowledged before me this _____ day of 20____, by

(Name of person acknowledging.)

Personally known: _____

OR Produced Identification: _____

Type of Identification Produced: _____

Signature of Notary Public

Print / Stamp Name of Notary

GCSO ONLY

Applicant Approved _____ Applicant Not Approved: _____

Background Attached _____ Date Completed: _____

GCSO STAFF SIGNATURE: _____ Date: _____ Sheriff Approved _____