Spring 2023 Citizens Sheriff Academy Application

Applicant Information

Applic	
First Nam	Last Name
Address	
City	State Zip
Email	
Home	Work Cell
Drivers Li	cense Number Social Security Number
Gender	Date of Birth / / T-Shirt Size
	ever been arrested, convicted or cited for an offense other than a traffic offense? Yes No lain in detail noting the date, charge, location and action(s) taken against you:
Present E	mployer Occupation
Work Add	Iress Phone
Referen	ces
Full Name	Phone
Address	
Full Name	Phone
Address	
Briefly exp	lain why you would like to be enrolled in the Portage County Sheriff's Office Citizens Sheriff Academy.
Where did	you hear about the Portage County Sheriff's Office Citizens Sheriff Academy?
Face	book Relative Friend Advertisement Other
	w your answers carefully and read the statement below before signing and submitting this application.
I hereby cert also underst Portage Cou	ify that there are no willful falsifications, omissions or misrepresentations in the foregoing statements and answers to questions. I and that any omission or false statement on this application is sufficient cause for rejection for enrollment or dismissal from the nty Sheriff's Office Citizen Sheriff Academy.
Lunderstand	I the information contained in the application is considered public record and may be released to the media or others upon their to understand that I may be photographed or videotaped by the media or PCSO during the course of this program. Pictures and/or used for press releases and information purposes only.

Some activities require walking and standing. Please inform us of any considerations and/or accommodations you may need if accepted into this program.

Signature Date