

Mineral County Sheriffs Office
Application for the Mineral County Citizens
Academy

Last Name: _____ First Name: _____ Middle Name: _____

Address: _____ Street: _____ City: _____ State: _____

Zip Code: _____ Telephone #: _____ Date of Birth: _____

Have you ever been convicted of or charged with a felony crime?

Yes No

If yes, explain:

Have you ever been convicted of or charged with any misdemeanors, including traffic tickets?

Yes No

If yes explain:

Do you have a driver's license? Yes No

State: _____ Driver License #: _____

Do you have any injuries that will keep you from participating in any of the hands on activities?

Yes No

If yes explain:

Current occupation and employment:

I certify that the answers given herein are true and complete to the best of my knowledge. I understand that all information provided in this application is subject to verification and that all personal data information (i.e. Date of Birth, Social Security Number, Etc.), may be used in conducting a background check. I also understand that false or misleading information given in this application may result in denial of acceptance to the Mineral County Citizens Academy.

Signature of Applicant: _____ Date of Signature: _____

For more information call Sergeant Pandis at 822-3555.