

FANNIN COUNTY SHERIFF'S OFFICE CITIZENS LAW ENFORCEMENT ACADEMY

APPLICATION

FOR

ENROLLMENT



Applicant's Name

Address

City, State, and Zip Code

Date of Application

FANNIN COUNTY SHERIFF'S OFFICE

Citizens Law Enforcement Academy

How to apply:

1. On cover sheet provide the name you wish to be called and your full address.
2. Fill out the application in this packet, including the consent for background check. Please answer all questions.
3. Please print or type all requested information.
4. Complete all questions in detail where explanations are necessary.
5. Any questions not pertaining to you individually, list as "N/A".
6. If more writing space is needed throughout this application form, use blank page on back of application, listing the number of the question to be further explained.

IMPORTANT:

Truthful and complete responses to this application are a necessity. A copy of your driver's license is required to verify information for your background check.

This information will be subject to confirmation by administrative investigation.

If you do not wish to answer a question in this booklet, you may choose not to do so and the application will be terminated.

Exclusive of the aforementioned statement, all information which is recorded in this application will be used only in relation to determining the suitability and qualifications of the applicant for enrollment only, and no other purpose.

Bring the completed application to the Fannin County Sheriff's Office and leave it with Major Keith L. Bosen. You may mail the application to the Fannin County Sheriff's Office, Attn: Jessica Jackson, 645 West First Street, Blue Ridge, Georgia 30513. Major Bosen can be contacted via telephone at (706) 455-5831 or email (kbosen@fannincountyga.org) if you have further questions.

Thank you for your interest in this very informative and fun program.

Fannin County Sheriff's Office

CITIZENS' LAW ENFORCEMENT ACADEMY

APPLICATION

Name: _____ Date of Birth: _____
LAST FIRST MI

Name you would like to be called: _____ Sex: _____

Address: _____
Number/Street City/State/Zip

Telephone: Home : () -
Other: () -

Email Address: _____

Personal: Height: _____ Weight: _____ Hair: _____ Eyes: _____

Please circle your *Shirt Size (men's sizes)*: S M L XL XL

Employer: _____ Phone: () - _____

Emergency Contact: _____
Name Phone# City/State

How long have you lived in Fannin County? _____

Do you know anyone who works for the Fannin County Sheriff's Office or who has attended the Citizens Law Enforcement Academy in the past? YES NO

If YES, Name & Phone number of person: _____

Have you ever been arrested for any offense other than traffic? YES NO

If yes, what: _____ When: _____
Where: _____

How did you hear about the Academy?

STATE OF GEORGIA

COUNTY OF FANNIN

COVENANT NOT TO SUE

WHEREAS, certain Citizens and persons having business interests in the County of Fannin desire to participate in the Citizens Law Enforcement Academy; and

WHEREAS, the Fannin County Sheriff's Office desires to facilitate their participation;

NOW, THEREFORE, for good and valuable consideration, the undersigned covenants and agrees for myself, heirs and assigns, that I will not at any time make any claim or demand, nor sue or commence, nor prosecute, nor cause or allow to be prosecuted in my name, any action at law or in equity against the County or its agents and employees because of injuries, damages, or other losses sustained or resulting to me directly or indirectly as a result of my participation in any activities as a part of the Citizens Law Enforcement Academy.

I fully understand that this covenant not to sue may be pleaded as a complete defense to any action that may be brought by me, my heirs or assigns.

I am executing this covenant freely and voluntarily.

This _____ day of _____, 20__.

Signature

Notary Public

My Commission Expires: _____
(SEAL)



Fannin County Sheriff's Office
Sheriff Dane Kirby
 "A Professional Law Enforcement Agency"

Background Check Consent Form

I hereby authorize the Fannin County Sheriff's Office to receive any Criminal History Record information pertaining to me which may be found in any state or local criminal justice agency. A photocopy of the release form will be valid as an original thereof even though said photocopy does not contain any original writing of my signature.

Records obtained from the Fannin County Sheriff's Office may only be used by the requesting agency or entity solely for the purposes requested. I understand that any information obtained will be considered in determining my enrollment in the Citizens Law Enforcement Academy. Any entity or persons who furnish information concerning me shall not be held accountable or liable for giving such information. Fannin County shall not be held responsible for the information obtained by another agency, State or Federal, which provided such information and whose files reflect records which may contain errors or omissions. TO REDUCE ERRORS, FULL AND COMPLETE INFORMATION IS REQUIRED.

Today's Date: _____

Full Name: _____

Address: _____

Employer: _____

Telephone: _____ SS# _____

Date of Birth: _____ Place: _____

Sex: _____ Race: _____ Ht.: _____ Wt: _____ Hair: _____ Eyes: _____

Drivers License Number: _____ State: _____

Please attach a copy of your driver's license for verification.

 Applicant Signature