



Columbus County Sheriff's Office

Sheriff William A. Rogers

Sheriff's Citizen Academy Application

Name: _____
Last First Middle

Address: _____

Phone Numbers: _____
Home Work Cell

Driver License #: _____ SSN: _____ Date of Birth: _____

Employer: _____ Occupation: _____

Business Address: _____

Email Address: _____

Sex: M F

Race: Caucasian Black Hispanic Asian

Do you have Law Enforcement experience? _____

If yes, please explain (agency name, location, years of service, areas of expertise, specialized training, etc...)

*** Please provide copies of certificates. ***

How did you hear about our Citizens Academy? _____

Do you know anyone employed with the Columbus County Sheriff's Office? Yes _____ No _____

If yes, who? _____

Have you ever been charged or convicted of a crime? Yes _____ No _____

If yes, please explain. _____

By my signature below, I hereby certify that each and every statement made on this form is true and complete to the best of my knowledge; and authorize any background and criminal records check by the Columbus County Sheriff's Office.

Sign: _____ Date: _____

North Carolina _____, County I, _____, a Notary Public for said County and State, do hereby certify that _____ personally appeared before me this day and acknowledged the due execution of the foregoing instrument. Witness my hand and official seal, this the _____ day of _____, 20 ____.
Notary Public My commission expires _____, 20__
Signature of Notary: _____

Thank you for your interest in the Columbus County Sheriff's Office Citizens Academy.