



Montgomery County Sheriff's Office
Citizen Police Academy Application



Applicant must be 18 years of age or older to attend Academy
(Applicants must live or work in Montgomery County.)
No prior felony convictions

Date: _____

Name: _____
 Last First Middle

Maiden Name: _____

Date of Birth: ____/____/____ Age: _____ S.S#: _____ - _____ - _____

Home Address: _____

City: _____ State: _____ Zip: _____

E-mail address: _____

Telephone numbers: () - () -
 Home Mobile

Occupation: _____ Explain your position: _____

Company Name: _____

Address: _____
 Street City State 40353

Business Phone: () - Fax: () -

In case of an emergency please notify:
Name: _____ Relationship: _____

Address: _____
 Street City State Zip

Home Phone: () - Cell Phone: () -

NOTE: APPLICANT CONVICTED OF A FELONY IS INELIGIBLE TO ATTEND.

Please answer yes or no to the following questions and provide explanations where needed.

1. Have you ever been arrested for a crime? YES NO . if yes, please explain and include disposition and dates. _____

2. Do you have a valid driver's license? Yes No

3. Are you 18 years of age or older? Yes No

4. Do you have any special needs that require accommodations in order for you to participate in this program? Yes No if yes, please explain: _____

5. How did you hear about the academy?

6. Do you know someone who has already completed a sheriff's academy class? Yes No if yes, the person's name: _____

7. Have you ever applied for the academy before? Yes No if yes, please explain: _____

8. Are you interested in law enforcement as a career? Yes No

9. Please state below why you are interested in attending the Citizen Sheriff Academy?

NOTE: THIS IS A VERY IMPORTANT QUESTION, PLEASE ANSWER THOROUGHLY

10. Please list community involved activities, any associations, or organizations in which you participate: _____

11. List three character references that are not family members or employers:

Name _____ Phone: _____

Name _____ Phone: _____

Name _____ Phone: _____

I hereby certify that there are no willful falsifications, omissions, or misrepresentations in the foregoing statements and answers to questions. I understand that any omission or false statement on this application shall be sufficient cause for rejection for enrollment or dismissal from the Montgomery County Sheriff's Office Citizen Police Academy. I also grant permission for the Montgomery County Sheriff's Office to verify the above information contained on this application and check for prior criminal history.

_____/_____/_____
Signature of Applicant Date

Montgomery County Sheriff's Office
Attention: Sergeant Detective Ralph Charles Jr.
1 Court Street Suite 4
Mount Sterling, Kentucky 40353
Phone: (859) 498-8704
Fax: (859) 498-8694
E-Mail: ralph.charles@ky.gov