



Citizens Training Academy

Rowan County Sheriff's Office

Application

Date: _____ Name: _____
Last First Middle

DOB: _____ Sex: _____ Height: _____ Weight: _____ Race: _____ NCDL# _____
inches pounds

Address: _____
Number Street Apt. # City State ZIP

Phone Number: _____ Social Security #: _____ Occupation: _____

Employer: _____

Reference 1: _____
Name Address Employer Phone Number

Reference 2: _____
Name Address Employer Phone Number

Reference 3: _____
Name Address Employer Phone Number

Have you been convicted of or have current criminal charges pending for any offense other than traffic infractions?

Yes No Explain: _____

By checking this box, I acknowledge and agree that I will be fingerprinted and have a background investigation conducted to determine my eligibility for the Citizens Training Academy and Rowan County Sheriff's Ride-A-Long program.

By checking this box, I hereby certify that there are no willful misrepresentations in the forgoing statements and answers to questions. I understand that any omission or false statement on this application shall be sufficient cause for rejection of enrollment or dismissal from the RCSO Citizens Training Academy. I further state that I have never been convicted of a felony offense in North Carolina or any other state.

Name Date