



# BASTROP COUNTY CITIZEN SHERIFF'S ACADEMY

## APPLICATION FOR STUDENT ENROLLMENT



All student applications must be completed and returned to the Sheriff's Office in order to be considered. There are only 30 openings in each academy class, therefore, not every application will be accepted. An eligibility list will be established for last minute cancellations and openings in future academy classes.

Name (Last, First, Middle)	Date of Birth	Date of Application
Mailing Address	Zip Code	Home Phone
Home Address		County of Residence
Place of Employment	Occupation	Work Phone
Memberships in Community Groups, Civic Organizations, ETC.		
How did you hear about the Sheriff's Citizen Academy?		
What is your objective in enrolling in the Citizen Academy and why should you be considered for the Academy?		
E-Mail Address		

If you are accepted as a student, you will receive instruction and educational materials related to the law enforcement mission of Bastrop County Sheriff's Office. As such, some of the material presented will be privileged, or confidential, in nature. Due to the sensitivity of this information, it is necessary for the Bastrop County Sheriff's Office to conduct background checks to determine the suitability of those persons desiring to attend academy classes. Please answer the following questions accurately and completely as possible. Any intentional misrepresentation or omission of facts will be grounds for denial of admission to the academy, or if enrolled, immediate termination from the program.

A criminal history check will be made on all persons enrolling in the Bastrop County Citizen Sheriff's Academy.

Drivers License (State and Number)	Social Security Number
Do you go by any other names or aliases now or have you in the past? If yes, explain : (Do NOT include maiden name unless used in the past 3 years) <b>YES NO</b>	
Are you a member of or have you ever been affiliated with a Law Enforcement Agency? If yes, explain: <b>YES NO</b>	
Have you lived outside of the United States (or its territories) in excess of 90 days? If yes explain: (Do NOT include Military Service Overseas). <b>YES NO</b>	
Have you ever been convicted of a felony or are you currently on probation/parole for any offense? If yes explain: <b>YES NO</b>	
Name and telephone number of person to contact in an emergency	Relationship

**APPLICANT MUST COMPLETE THE FOLLOWING:**

I, \_\_\_\_\_ hereby acknowledge that I have completed the above application completely and accurately to the best of my knowledge, I also acknowledge that the Bastrop County Sheriff's Office will be conducting a background investigation on me to determine my suitability for admission to this program. Permission is hereby granted to conduct a background investigation based on the information given in this application.

\_\_\_\_\_  
Signature of applicant

\_\_\_\_\_  
Date

**Bring or Mail to Bastrop County Sheriff's Office**  
**200 Jackson St. Bastrop Tx. 78602**  
**Attn: Deputy Robert Williams / Crime Prevention**