



Pulaski County Sheriff's Office Citizens Police Academy

Please review your answers carefully and read the following statement before signing this application!

I hereby certify that there are no willful misrepresentations, omissions, or falsifications in the foregoing statements and answers to questions. I understand that any omission or false statements on this application shall be sufficient cause for rejection for enrollment or dismissal from the Pulaski County Sheriff's Office Citizens Police Academy.

I further understand that the Pulaski County Sheriff's Office will be conducting a thorough background investigation that may include, but not limited to, criminal history and employment history. I declare I have never been convicted of a felony offense in this state, any state, or the United States of America. I also understand that any student may be removed from Pulaski County Citizens Police if said student is disruptive or otherwise inhibits the concept of this program.

(Applicant's Signature)

(Date)

Please return completed application and waiver of liability to:

Pulaski County Sheriff's Office

Attn: Capt. Carl Minden

2900 South Woodrow St. Little Rock, AR 72204

Phone: (501) 340-7055, Fax: (501) 340-6683

E-mail: cminden@pcso.org



Pulaski County Sheriff's Office

Citizens Police Academy Application

Date of Application: _____

Name: _____ Alias/Maiden: _____
(Last, First, Middle)

Address: _____

City: _____ State: _____

Home Phone #: _____ Work Phone#: _____

Email Address: _____

Date of Birth: _____ AR DL#: _____

EMPLOYMENT

Employer: _____

Address: _____

Occupation: _____

EMERGENCY CONTACT

Emergency Contact Name: _____

Emergency Contact Phone #: _____

Emergency Contact Address: _____

Emergency Contact Relationship: _____

CRIMINAL HISTORY

Have you ever been arrested? YES _____ NO _____

If you answered yes, please provide details of the arrest, including the date, place of arrest, offense, and disposition: _____

EDUCATION

High School Graduate: YES _____ NO _____ GED _____

Highest Level of Education: _____

If College, Degree(s), Major, or Intentions: _____

ORGANIZATIONS/INTERESTS

List any organizations with which you are involved:

Briefly explain why you want to attend the Pulaski County Citizens Academy:

IMPORTANT! PLEASE ATTACH A PHOTOCOPY OF YOUR DRIVER'S LICENSE OR PHOTO ID TO THIS APPLICATION.

I hereby certify that the information contained in this application is true and complete to the best of my knowledge. I realize that the information provided, along with a limited background check will be used for consideration to attend the PCSO Citizens Police Academy.

Authority to Conduct Background Check

As a candidate to participate in the Pulaski County Sheriff's Office Citizens Police Academy, I hereby authorize the Pulaski County Sheriff's Office to conduct a criminal history background investigation. I understand that such a background investigation is being conducted due to the content of the classes given at the Academy. I understand that all available police and criminal records will be checked and that information will be used in determining eligibility of applicants for the Citizens Police Academy. All information is to remain confidential.

(Applicant's Signature)

(Date)



Pulaski County Sheriff's Office

Citizens Police Academy

WAIVER OF LIABILITY AND HOLD HARMLESS AGREEMENT

State of Arkansas

Pulaski County

I, _____, for and in consideration of the privilege of being a participant in the Citizens Police Academy of the Pulaski County Sheriff's Office and allowed use of county property, equipment, and services, including but not limited to the use of weapons, firing range; and recognizing that such activity is dangerous to my property and person, do hereby assume the risks attendant to such activity, to include property damage and physical injury from such service, and do hereby release and hold harmless the Sheriff's Office and Pulaski County, agents and employees, and representatives in both their public and private capacities, from any and all liability, claims, suits, demands, or causes of actions which may arise.

Signed, this the _____ day of _____, 20__ A.D.

(Applicant's Signature)

SUBSCRIBED AND SWORN to before me,

NOTARY PUBLIC, THIS _____ DAY

OF _____, 20_____

My Commission expires: _____