

**CITIZEN SHERIFF'S ACADEMY APPLICATION**

**BRAZORIA COUNTY SHERIFF OFFICE**

**(Must Be 21 Years Old or Older)**

**C/O Lt. Steve Upton**

NAME: \_\_\_\_\_ MR. MRS. MS.  
(CIRCLE ONE)

HOME ADDRESS: \_\_\_\_\_  
STREET CITY ZIP

HOME PHONE: \_\_\_\_\_ WORK PHONE: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_ SOCIAL SECURITY #: \_\_\_\_\_

DRIVER'S LICENSE #: \_\_\_\_\_ STATE: \_\_\_\_\_

HAVE YOU PREVIOUSLY ATTENDED A CITIZEN SHERIFF'S ACADEMY? IF SO,  
WHERE? \_\_\_\_\_

HAVE YOU EVER BEEN ARRESTED OR CONVICTED OF A CRIME? IF SO,  
EXPLAIN: \_\_\_\_\_

(USE BACK IF NECESSARY)

HOW DID YOU FIRST HEAR ABOUT THE CITIZEN SHERIFF'S ACADEMY? \_\_\_\_\_  
\_\_\_\_\_

WHY DO YOU WISH TO ATTEND THE CITIZEN SHERIFF'S ACADEMY? \_\_\_\_\_  
\_\_\_\_\_

(USE BACK IF NECESSARY)

GIVE NAME, ADDRESS, AND PHONE NUMBER OF TWO CHARACTER REFERENCES:

1. \_\_\_\_\_
2. \_\_\_\_\_

IN CONSIDERATION OF MY APPLICATION TO ATTEND THE CITIZEN SHERIFF'S ACADEMY, I  
GIVE THE BRAZORIA COUNTY SHERIFF'S OFFICE PERMISSION TO CHECK MY PERSONAL  
BACKGROUND, REFERENCES AND TO CONDUCT OTHER BACKGROUND CHECKS AS  
NECESSARY TO INSURE THE INTEGRITY OF THE CLASS. THE ABOVE INFORMATION IS  
CORRECT TO THE BEST OF MY KNOWLEDGE.

\_\_\_\_\_  
SIGNATURE OF APPLICANT

\_\_\_\_\_  
DATE

COMPLETE, SIGN AND MAIL OR DROP OFF APPLICATION AT 3602 CR 45 Angleton Texas 77515