



**ALBANY COUNTY SHERIFF'S OFFICE  
CIVILIAN ACADEMY SESSION #01  
2015**

**Civilian Police Academy Participant Application**

The academy will begin at the Albany County Sheriffs Public Safety Building at 58 Verda Ave, Clarksville NY 12041. The class duration is 09 weeks and will be held from 6:00 PM to 9:00 PM Tuesday nights. Academy class is scheduled to begin April 07, 2015.

E-mail Address: \_\_\_\_\_

Name (Last, First, MI): \_\_\_\_\_

Have you ever applied before? No: \_\_\_\_\_ Yes: \_\_\_\_\_

If yes, when and how did you apply? \_\_\_\_\_  
\_\_\_\_\_

Race: \_\_\_\_\_ Gender: M \_\_\_\_\_ F \_\_\_\_\_ Date of Birth \_\_\_\_\_

Residence Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone: Home \_\_\_\_\_ Business: \_\_\_\_\_

Place of Employment: \_\_\_\_\_

Business Address: \_\_\_\_\_

Best time and place to reach you: \_\_\_\_\_

Occupation: \_\_\_\_\_

Title: \_\_\_\_\_

Driver's License Number: \_\_\_\_\_

Have you ever been arrested for any offense OTHER than a traffic violation?

No \_\_\_\_\_ Yes (list reason) \_\_\_\_\_

**\*A Criminal History will be conducted using the information you provide on this application. Do you authorize us to conduct this investigation: Yes / No**

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Describe in your own words why you want to attend the Civilian Police Academy.

---

---

---

---

---

---

---

**Attendance:** Attendance of every session is required to complete the academy.

Shirt size: Small\_\_\_\_\_ Medium\_\_\_\_\_ Large\_\_\_\_\_ Xlarge\_\_\_\_\_

This training is not designed to certify citizens to perform law enforcement services. I certify the statements made on this application are true and complete, and I hereby authorize the Albany County Sheriff's Office to make an examination of the above information for the purposes of evaluating my application.

Signature\_\_\_\_\_