



**ROBERT BRYAN, SHERIFF**

**WILSON COUNTY SHERIFF'S OFFICE**

105 East High Street - Lebanon, Tennessee 37087

Office (615) 444-1412 - Fax (615) 444-6209

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**Wilson County Sheriff's Office Citizens Academy Application**

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Full Name: \_\_\_\_\_

Alias Names (i.e.: Maiden Name, Former Name, Etc.): \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ S.S.N.: \_\_\_\_-\_\_\_\_-\_\_\_\_

Driver License State: \_\_\_\_ Driver License Number: \_\_\_\_\_

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email Address: \_\_\_\_\_

Home Number: (\_\_\_\_) \_\_\_\_-\_\_\_\_ Mobile Number: (\_\_\_\_) \_\_\_\_-\_\_\_\_

Which district do you live in? \_\_\_\_\_

Employer's Name: \_\_\_\_\_

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

Employer's Address: \_\_\_\_\_

State: \_\_\_\_ Zip: \_\_\_\_ Phone Number: (\_\_\_\_) \_\_\_\_-\_\_\_\_

Fax Number: (\_\_\_\_) \_\_\_\_-\_\_\_\_ Work Email Address: \_\_\_\_\_

In case of an emergency, please notify:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone number: (\_\_\_\_) \_\_\_\_-\_\_\_\_ Secondary Number: (\_\_\_\_) \_\_\_\_-\_\_\_\_

**\*Applicants must be 18 years of age or older.\***  
**\*Applicants must live or work in Wilson County.\***  
**\*Please answer YES or NO to the following questions**  
**& provide an explanation if necessary.**

**1.) Have you ever been arrested and/or convicted for a crime other than traffic offenses? If yes, please explain with disposition and dates. \*Anyone who has been charged with and/or convicted of a felony, is ineligible to attend.\***

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**2.) Is your driver's license valid? \_\_\_\_\_**

**3.) Do you have any special needs that require accommodations in order for you to participate in this program? If yes, please explain.**

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**4.) Are you allergic to anything?**

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**5.) How did you learn of the Wilson County Sheriff's Office Citizens Academy?**

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**6.) Do you know someone who has already participated in the Wilson County Sheriff's Office Citizens Academy? If yes, please state whom.**

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**7.) Do you know anyone that is in law enforcement?**

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**8.) Have you ever applied for the citizen's academy before?**

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**9.) Are you interested in law enforcement as a career? If yes, please explain.**

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**10.) Please state why you are interested in attending the Wilson County Sheriff's Office Citizens Academy.**

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**11.) Please list any community activities you are involved with. (This includes any associations and/or organizations.)**

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**12. Please list three (3) references that are not family members and/or employees of the Wilson County Sheriff's Office:**

Name: \_\_\_\_\_ Phone number: (\_\_\_\_) \_\_\_\_ - \_\_\_\_ Years known: \_\_\_\_

Name: \_\_\_\_\_ Phone number: (\_\_\_\_) \_\_\_\_ - \_\_\_\_ Years known: \_\_\_\_

Name: \_\_\_\_\_ Phone number: (\_\_\_\_) \_\_\_\_ - \_\_\_\_ Years known: \_\_\_\_

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

**I, also grant permission for the Wilson County Sheriff's Office to verify the above information contained on this application and for them to do a criminal history background check on my behalf.**

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_/\_\_\_\_/\_\_\_\_  
Date

**Please mail, fax, email or hand deliver application to:**  
**Wilson County Sheriff's Office**  
**105 East High Street**  
**Lebanon, TN 37087**  
**Attention: Cpl. Matt Bush**  
**Office (615) 444 – 1412 ext. 272**  
**Fax (615) 444 – 6209**  
**Email: [mbush@wco95.org](mailto:mbush@wco95.org)**