ROBERT BRYAN, SHERIFF
WILSON COUNTY SHERIFF'S OFFICE
105 East High Street - Lebanon, Tennessee 37087
Office (615) 444-1412 - Fax (615) 444-6209

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.*

_____

_____

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.

_____

_____

4.) Are you allergic to anything?

_____

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

_____

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

_____

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

_____

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

_____

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

_____

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

_____

_____

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

_____

_____

12. Please list three (3) references that are <u>not</u> 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: _____

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: Sgt. Matt Edwards
Office (615) 444 – 1412 ext 256
Fax (615) 444 – 6209
Email: medwards@wcso95.org