



Desoto County Sheriff's Department
Sheriff Bill Rasco
Sheriffs Citizen Academy 2020



PERSONAL

Name (Last, First, Middle)		Race / Sex	Date of Birth	
Street Address		City	State	Zip
Driver's License or I.D. Number	State Issued		Social Security Number	
Bus. Phone	Home Phone	Cell	E-Mail	

BACKGROUND

Please explain briefly why you wish to attend the Sheriffs Citizen Academy_

Have you ever been arrested, charged or received a notice or summons to appear, convicted, pled Nolo contendere or pled guilty to any criminal violation, regardless if the record was sealed or expunged? _____ Yes
 _____ No If Yes, on a separate sheet of paper explain in detail showing dates, charges, places and final disposition.

EMPLOYMENT

Are you Retired? _____ Yes _____ No If Yes, , please fill out Previous Employer Information

Present Employer	Supervisor	Your Title
Address	Phone	Dates of employment

Length of Employment (years): _____

EMERGENCY CONTACT

Name	Relationship		
Address	Home Phone	Work Phone	Cell

Do you have any law enforcement experience? _____ If Yes , describe _____

Attach Photo of valid ID

References (not relatives):

1) _____

2) _____

3) _____

(Name and Phone Number)

All applicants must live in Desoto County and be at least 21 years of age. A background investigation will be conducted on each applicant. The Desoto County Sheriff's Department reserves the right to deny participation in the Citizen Law Enforcement Academy. Please return completed application to the Desoto County Sheriff's Department. Incomplete applications will not be considered.

I verify that all the information submitted herein is true and correct. I hereby authorize a review and full disclosure of all records concerning myself to any duly authorized employee of the Desoto County Sheriff's Department, weather the said records are of public, private or confidential nature. I understand the released information will be utilized to determine if I am qualified to participate in the Citizen Law Enforcement Academy.

Signature of Applicant

Witness my signature this the _____ day of _____, 20__

Signature of Notary