

ACCOMACK COUNTY SHERIFF'S OFFICE CITIZENS POLICE ACADEMY
APPLICATION FORM

NAME: _____

ADDRESS: _____

HOME PHONE: _____

CELL PHONE: _____

DATE OF BIRTH: _____

SOCIAL SECURITY NUMBER: _____

HAVE YOU EVER BEEN ARRESTED OR CONVICTED OF A CRIME?

YES _____ NO _____ (PLEASE CHECK ONE)

IF YES PLEASE EXPLAIN: _____

EMPLOYER: _____

WORK PHONE: _____

ADDRESS: _____

EMERGENCY CONTACT

NAME: _____

RELATION: _____

ADDRESS: _____

PHONE: _____

CELL PHONE: _____

**APPLICATIONS MAY BE RETURNED TO THE ACCOMACK COUNTY SHERIFF'S OFFICE
IN PERSON OR MAY BE MAILED TO:**

**ACCOMACK COUNTY SHERIFF'S OFFICE
23323 WISE COURT
PO BOX 149
ACCOMAC, VA 23301-0149**