

**ACCOMACK COUNTY SHERIFF'S OFFICE CITIZEN'S POLICE ACADEMY**  
**APPLICATION FORM**

NAME: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_

CELL PHONE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

\_\_\_\_\_

EMPLOYER: \_\_\_\_\_

WORK PHONE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

\_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_ SEX: \_\_\_\_\_

SOCIAL SECURITY NUMBER: \_\_\_\_\_

HAVE YOU EVER BEEN ARRESTED OR CONVICTED OF A CRIME?

YES \_\_\_\_\_ NO \_\_\_\_\_ (please check one)

IF YES THEN PLEASE EXPLAIN:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**EMERGENCY CONTACTS**

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***

***PO BOX 491***

***ACCOMAC, VA 23301***