

# **GILMER COUNTY SHERIFF'S OFFICE CITIZENS LAW ENFORCEMENT ACADEMY**

***APPLICATION***

***FOR***

***ENROLLMENT***



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Applicant's Name

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Address

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City, State, and Zip Code

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Date of Application

# **GILMER COUNTY SHERIFF'S OFFICE**

## **Citizens Law Enforcement Academy**

### How to apply:

1. On cover sheet provide the name you wish to be called and your full address.
2. Fill out the application in this packet, including the consent for background check. Please answer all questions.
3. Please print or type all requested information.
4. Complete all questions in detail where explanations are necessary.
5. Any questions not pertaining to you individually, list as "N/A".
6. If more writing space is needed throughout this application form, use blank page on back of application, listing the number of the question to be further explained.

### **IMPORTANT:**

Truthful and complete responses to this application are a necessity. A copy of your driver's license is required to verify information for your background check.

This information will be subject to confirmation by administrative investigation.

If you do not wish to answer a question in this booklet, you may choose not to do so and the application will be terminated.

Exclusive of the aforementioned statement, all information which is recorded in this application will be used only in relation to determining the suitability and qualifications of the applicant for enrollment only, and no other purpose.

Bring the completed application to the E-911 Center and leave it with Lieutenant George Ellis. You may mail the application to the Gilmer County Sheriff's Office, Attn: Lieutenant George D. Ellis, 1 Broad Street, Suite 10, Ellijay, Georgia 30540. Lieutenant Ellis can be contacted via telephone at (706) 515-2654 or email ([gellis@gilmersheriff.com](mailto:gellis@gilmersheriff.com)) if you have further questions.

***Thank you for your interest in this very informative and fun program.***

# Gilmer County Sheriff's Office

## CITIZENS' LAW ENFORCEMENT ACADEMY

### APPLICATION

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
LAST FIRST MI

Name you would like to be called: \_\_\_\_\_ Sex: \_\_\_\_\_

Address: \_\_\_\_\_  
Number/Street City/State/Zip

Telephone: Home : ( ) \_\_\_\_\_ - \_\_\_\_\_  
Other: ( ) \_\_\_\_\_ - \_\_\_\_\_

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

Personal: Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Hair: \_\_\_\_\_ Eyes: \_\_\_\_\_

Please circle your *Shirt Size (Men's or Women's sizes)*: S M L XL \_\_\_XL

Employer: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_ - \_\_\_\_\_

Emergency Contact: \_\_\_\_\_  
Name Phone# City/State

How long have you lived in Gilmer County? \_\_\_\_\_

Do you know anyone who works for the Gilmer County Sheriff's Office or who has attended the Citizens Law Enforcement Academy in the past? YES NO

If YES, Name & Phone number of person: \_\_\_\_\_

Have you ever been arrested for any offense other than traffic? YES NO

If yes, what: \_\_\_\_\_ When: \_\_\_\_\_  
Where: \_\_\_\_\_

How did you hear about the Academy?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



**STATE OF GEORGIA**

**COUNTY OF GILMER**

**COVENANT NOT TO SUE**

WHEREAS, certain Citizens and persons having business interests in the County of Gilmer desire to participate in the Citizens Law Enforcement Academy; and

WHEREAS, the Gilmer County Sheriff's Office desires to facilitate their participation;

NOW, THEREFORE, for good and valuable consideration, the undersigned covenants and agrees for myself, heirs and assigns, that I will not at any time make any claim or demand, nor sue or commence, nor prosecute, nor cause or allow to be prosecuted in my name, any action at law or in equity against the County or its agents and employees because of injuries, damages, or other losses sustained or resulting to me directly or indirectly as a result of my participation in any activities as a part of the Citizens Law Enforcement Academy.

I fully understand that this covenant not to sue may be pleaded as a complete defense to any action that may be brought by me, my heirs or assigns.

I am executing this covenant freely and voluntarily.

This \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Notary Public

My Commission Expires: \_\_\_\_\_  
**(SEAL)**



Gilmer County Sheriff's Office  
Sheriff Stacy L. Nicholson  
"A Professional Law Enforcement Agency"



## Background Check Consent Form

I hereby authorize the Gilmer County Sheriff's Office to receive any Criminal History Record information pertaining to me which may be found in any state or local criminal justice agency. A photocopy of the release form will be valid as an original thereof even though said photocopy does not contain any original writing of my signature. Records obtained from the Gilmer County Sheriff's Office may only be used by the requesting agency or entity solely for the purposes requested. I understand that any information obtained will be considered in determining my enrollment in the Citizens Law Enforcement Academy. Any entity or persons who furnish information concerning me shall not be held accountable or liable for giving such information. Gilmer County shall not be held responsible for the information obtained by another agency, State or Federal, which provided such information and whose files reflect records which may contain errors or omissions. **TO REDUCE ERRORS, FULL AND COMPLETE INFORMATION IS REQUIRED.**

Today's Date: \_\_\_\_\_

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

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

Employer: \_\_\_\_\_

Telephone: \_\_\_\_\_ **SS# (Required)** \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Place of Birth: \_\_\_\_\_

Gender: \_\_\_\_ Race: \_\_\_\_ Ht.: \_\_\_\_ Wt: \_\_\_\_ Hair: \_\_\_\_ Eyes: \_\_\_\_

**Drivers License Number:** (Required) \_\_\_\_\_ **State:** \_\_\_\_\_

***Please attach a copy of your driver's license for verification.***

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