



FRED KOLLAR
SHERIFF'S *CORONER***PUBLIC ADMINISTRATOR**

EL DORADO COUNTY SHERIFF'S OFFICE

**CITIZEN'S LAW ENFORCEMENT
ACADEMY APPLICATION**

Last Name: _____ First Name: _____ Middle Initial: _____

Date of Birth: ____ / ____ / ____

Address: _____

City: _____ State: _____ Zip: _____

Telephone: Home () _____ Work: () _____

Email Address: _____

Drivers License #: _____ State: _____ Class: _____

Expiration Date: _____ Currently Valid: Yes No

Have you ever been convicted of a crime? Yes No

If yes, please explain where and the disposition:

Place of Employment: _____

Address: _____

City: _____ State: _____ Zip: _____

How do you feel you will benefit from the Citizen's Academy?

How did you hear about the Citizen's Academy?

I certify that all statements made on this application are true and complete. I agree and understand that any deliberate mis-statement or omission of material facts may disqualify me to attend the Law Enforcement Academy.

Signature: _____ Date: _____

LIMITED TO 32 APPLICANTS
PLEASE RETURN THIS APPLICATION TO:
EL DORADO COUNTY SHERIFF'S OFFICE
300 FAIR LANE, PLACERVILLE, CA 95667
ATTN: DETECTIVE JEFF LIEKAUF
(530) 642-4720