



# McCracken County Sheriff's Office Citizen's Academy Application

## Class #3

Dates to be Announced



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

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

Phone: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

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

Occupation: \_\_\_\_\_

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

Driver's License #: \_\_\_\_\_

### Authority to Conduct Background Check

*As a candidate to participate in the McCracken County Sheriff's Office Citizen's Academy, I hereby authorize the McCracken County Sheriff's Office to conduct a criminal history background investigation. I understand that such a background investigation is being conducted due to the content of the classes given during the Citizen's Academy. I understand that all available police and criminal records will be checked and that information will be used in determining eligibility of applicants for the Citizen's Academy. All information is to remain confidential.*

Signature \_\_\_\_\_ Date \_\_\_\_\_

McCracken County Sheriff's Office  
McCracken County Courthouse • 300 Clarence Gaines Street • Paducah, KY 42003  
270.444.4719