



McCracken County Sheriff's Office Citizen's Academy Application

Class #4

Dates to be determined



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