



## COMAL COUNTY SHERIFF'S OFFICE CITIZENS SHERIFF ACADEMY APPLICATION FOR ENROLLMENT

APPLICANT MUST BE 21 YEARS OF AGE TO APPLY. INCOMPLETE AND/OR UNSIGNED  
APPLICATIONS WILL NOT BE CONSIDERED. PLEASE PRINT OR TYPE.

### PERSONAL

NAME: \_\_\_\_\_ DOB: \_\_\_\_\_  
                    LAST                    FIRST                    MI

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

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

DRIVERS LICENSE NUMBER: \_\_\_\_\_ STATE: \_\_\_\_\_

ARE YOU A RESIDENT OF COMAL COUNTY?  Yes  No

IF YES, HOW LONG? \_\_\_\_\_

DO YOU OWN A BUSINESS IN COMAL COUNTY?  Yes  No

IF YES, HOW LONG? \_\_\_\_\_

IF SO, NAME AND ADDRESS OF BUSINESS: \_\_\_\_\_  
\_\_\_\_\_

### EDUCATION

HIGH SCHOOL GRADUATE / GED?  Yes  No, HIGHEST GRADE: \_\_\_\_\_

NAME AND ADDRESS OF HIGH SCHOOL: \_\_\_\_\_  
\_\_\_\_\_

COLLEGE GRADUATE?  Yes  No DEGREE AND MAJOR? \_\_\_\_\_

NAME AND ADDRESS OF COLLEGES ATTENDED:  
\_\_\_\_\_  
\_\_\_\_\_

EMPLOYMENT

LIST INFORMATION ON THE LAST TWO JOBS THAT YOU HAVE HELD (STATE RETIRED, UNEMPLOYED, HOUSEWIFE, ECT. IF APPLICABLE).

PRESENT EMPLOYER: \_\_\_\_\_ DATE HIRED: \_\_\_\_\_

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

SUPERVISOR: \_\_\_\_\_

YOUR TITLE OR POSITION: \_\_\_\_\_

PREVIOUS EMPLOYER: \_\_\_\_\_ DATE HIRED: \_\_\_\_\_

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

SUPERVISOR: \_\_\_\_\_

YOUR TITLE OR POSITION: \_\_\_\_\_

REASON FOR LEAVING: \_\_\_\_\_

REFERENCES

LIST TWO REFERENCES OTHER THAN FAMILY.

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

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

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

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

LIST TWO IMMEDIATE FAMILY MEMBERS OR CLOSE FRIENDS THAT WE CAN CONTACT IN THE EVENT OF AN EMERGENCY.

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

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

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

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

BACKGROUND

PLEASE EXPLAIN BRIEFLY WHY YOU WISH TO BE ENROLLED IN THE COMAL COUNTY SHERIFF'S OFFICE CITIZENS SHERIFF ACADEMY.

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LIST ASSOCIATIONS, CLUBS, AFFILIATIONS, ETC. \_\_\_\_\_

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HAVE YOU EVER BEEN ARRESTED, CONVICTED, OR CITED FOR AN OFFENSE OTHER THAN TRAFFIC FINES OF \$500.00 OR LESS?     Yes     No

IF YES, EXPLAIN IN DETAIL SHOWING DATE, CHARGE, PLACE, AND ACTION TAKEN. \_\_\_\_\_

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HAVE YOU EVER BEEN FIRED OR ASKED TO RESIGN FROM ANY JOB IN THE PAST FIVE YEARS?     Yes     No

IF YES , PLEASE EXPLAIN: \_\_\_\_\_

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MEDICAL HISTORY

THE FOLLOWING MEDICAL INFORMATION IS NEEDED IN THE EVENT OF AN EMERGENCY. LIST ANY MEDICATIONS YOU ARE CURRENTLY TAKING AND THE CONDITION FOR WHICH THE MEDICATION IS USED.

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IS THERE ANY OTHER MEDICAL INFORMATION YOU FEEL THE COMAL COUNTY SHERIFF'S OFFICE SHOULD BE AWARE OF FOR YOUR WELL BEING?

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PLEASE REVIEW YOUR ANSWERS CAREFULLY AND READ THE STATEMENT BELOW BEFORE SIGNING THIS APPLICATION.

I HEREBY CERTIFY THAT THERE ARE NO WILLFUL MISREPRESENTATIONS, OMISSIONS, OR FALSIFICATIONS IN THE FOREGOING STATEMENTS AND ANSWERS TO QUESTIONS. I UNDERSTAND THAT ANY OMISSIONS OR FALSE STATEMENTS ON THIS APPLICATION SHALL BE SUFFICIENT CAUSE FOR REJECTION FOR ENROLLMENT OR DISMISSAL FROM THE COMAL COUNTY SHERIFF'S OFFICE CITIZENS SHERIFF ACADEMY.

\_\_\_\_\_  
APPLICANTS SIGNATURE

\_\_\_\_\_  
DATE

RETURN COMPLETED APPLICATION TO:

COMAL COUNTY SHERIFF'S OFFICE  
ATTENTION: SARAH SMITHERS  
3005 WEST SAN ANTONIO STREET  
NEW BRAUNFELS, TEXAS 78130