



Sheriff David Morgan



**Escambia County Sheriff's Office
Citizens Law Enforcement Academy**

Application Form

*Full Name _____

Date of Birth: _____ Driver's License # or Social Security: _____

*Street Address: _____ City: _____ Zip: _____

*Home Phone #: _____ Email: _____

Occupation (optional): _____

Have you ever been convicted of a crime other than a misdemeanor traffic violation? YES / NO

If YES please explain: _____

In what areas of the ECSO are you most interested? (1 = Most interest 5 = Least interest)

___ Patrol ___ Detention ___ Traffic/DUI Units ___ SWAT ___ Dispatch ___ K-9
___ Investigations ___ Firearms Safety ___ Crime Scene ___ Youth Services ___ Narcotics

How did you hear about this course?

___ Newspaper ___ TV ___ Internet ___ ECSO Employee ___ A Friend ___ Other _____

I understand that a background investigation will be conducted prior to my acceptance. Any willful misrepresentation will be grounds for rejection or dismissal from the Citizens Law Enforcement Academy _____ (Initial).

Fields marked with an asterisk () must be completed in order for your application to be processed.

Mail completed applications to:

**Escambia County Sheriff's Office
Attn: Community Oriented Policing Unit
1700 West Leonard Street
Pensacola, Florida 32501**