

# MONTGOMERY COUNTY SHERIFF'S OFFICE



## APPLICATION

### Mailing Address:

Montgomery County Sheriff's Office  
Attn: Citizens Academy  
P. O. Box 4219  
Montgomery, AL 36103-4219

[www.MontgomerySheriff.com](http://www.MontgomerySheriff.com)

**Montgomery County Sheriff's Office**  
**Citizens Academy Application**  
*Please PRINT all information*

Date \_\_\_\_\_

Name \_\_\_\_\_  
(First) (Middle) (Last)

Social Security Number \_\_\_\_\_

Drivers License Number \_\_\_\_\_ State \_\_\_\_\_

Age \_\_\_\_\_ Birth Date \_\_\_\_\_

Physical Description Sex \_\_\_\_\_ Height \_\_\_\_\_ Weight \_\_\_\_\_  
Tattoos/ Distinguishing Marks \_\_\_\_\_

Residence Address \_\_\_\_\_

City \_\_\_\_\_ Zip Code \_\_\_\_\_

Home Telephone Number \_\_\_\_\_ Work/Other \_\_\_\_\_

How Long Have You Lived in Alabama? \_\_\_\_\_

How Long Have You Lived in Montgomery County? \_\_\_\_\_

Are You a Registered Voter? \_\_\_\_\_ email address: \_\_\_\_\_

**CITIZENSHIP DATA**

Are you a U. S. Citizen? \_\_\_\_\_

Naturalization \_\_\_\_\_  
(Date) (Location)

Birth City and State \_\_\_\_\_

Is Your Spouse a U. S. Citizen? \_\_\_\_\_

**LAW ENFORCEMENT EXPERIENCE**

Agency

Position or Rank

Date

\_\_\_\_\_  
\_\_\_\_\_

## CURRENT EMPLOYMENT

Name of Employer \_\_\_\_\_ Dates Employed \_\_\_\_\_

Work Address \_\_\_\_\_ Title \_\_\_\_\_

If less than two (2) years, previous employer \_\_\_\_\_

## COURT RECORD

Add a separate sheet of paper if needed

**OMISSION of any TRAFFIC or CRIMINAL OFFENSE WILL RESULT IN DISQUALIFICATION**

List all CRIMINAL charges since age 16/ List only TRAFFIC offenses within last 7 year

\_\_\_\_\_  
(Date)                      (Place)                      (Charge)                      (Disposition)

(Details)

\_\_\_\_\_  
(Date)                      (Place)                      (Charge)                      (Disposition)

(Details)

Has any member of your immediate family or a close relative ever been arrested of a CRIMINAL OFFENSE? Yes \_\_\_\_\_ No \_\_\_\_\_

\_\_\_\_\_  
(Name)                                      (Relationship)                      (Charge)                      (Disposition)

\_\_\_\_\_  
(Name)                                      (Relationship)                      (Charge)                      (Disposition)

## MILITARY SERVICE

List all military service

\_\_\_\_\_  
(Branch)                      (Date & Place of Enlistment)                      (Date & Place of Discharge)

If dishonorably discharged, give details \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**RETIREES**

If you are retired, please list past employers and all fields of experience

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(Employer) (Experience) (Years of Service)

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(Employer) (Experience) (Years of Service)

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(Employer) (Experience) (Years of Service)

**Subversive Membership or Data**

Are you now or have you even been a members of any foreign organization, association, movement, group, or combination of persons which is totalitarian, Fascist, Communist, or subversive which has adopted, or shows a policy of advocating or approving the commission of acts of force or violence to deny other persons their rights under the Constitution of the United States or seeks to alter the form of government of the United States by unconstitutional means? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please explain in detail:

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Additional Information \_\_\_\_\_

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What is your t-shirt size? \_\_\_\_\_

**\*\*All t-shirts come in adult sizes only.\*\***

**CRIMINAL and TRAFFIC BACKGROUND  
RELEASE**

A criminal and traffic background is required to participate in the Citizens Academy

FULL NAME \_\_\_\_\_

MAIDEN NAME \_\_\_\_\_ ALIAS \_\_\_\_\_

AGE \_\_\_\_\_ SEX \_\_\_\_\_ HEIGHT \_\_\_\_\_ WEIGHT \_\_\_\_\_

DATE OF BIRTH \_\_\_\_\_ DRIVERS LICENSE # \_\_\_\_\_ STATE \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ ZIP CODE \_\_\_\_\_

SOCIAL SECURITY NUMBER \_\_\_\_\_

By clicking SUBMIT, I consent to having a complete and thorough background check, as required by law. This background check will be conducted by the Montgomery County Sheriff's Office Staff to determine my eligibility to be issued a pistol permit in the State of Alabama.

FOR MCSO USE ONLY

**AN EXAMINATION OF OUR FILES SHOWS THE FOLLOWING INFORMATION**

Date \_\_\_\_\_

Traffic Offenses Details

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Criminal Offenses Details

\_\_\_\_\_  
\_\_\_\_\_

Did the applicant disclose traffic history (within last 7 years)? Yes  No

Did applicant disclose all criminal offenses? Yes  No

Additional Information/ Notes

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Verified by: \_\_\_\_\_  
Name ID # Title