

ST. LUCIE COUNTY SHERIFF'S OFFICE
Sheriff Ken J. Mascara

Please Print

Name: _____ Date of Birth: _____

Driver's License No: _____ State: _____

Address: _____ City: _____ Zip: _____

E-Mail Address: _____

Home Phone: _____ Work Phone: _____ Cell: _____

Occupation: _____ Retired: _____

Employer: _____ Address: _____

Emergency Notification: _____

Why do you wish to attend the Citizen's Academy? _____

How did you hear about the Citizen's Academy? _____

Have you ever been arrested/convicted of a crime? Yes No

If you checked yes please explain: _____

Please give names, address and phone numbers of two character references:

1. _____ 2. _____

() _____ () _____

Shirt Size: Small Medium Large X-Large XX-Large **Sex:** Male Female

By my signature below, I acknowledge the information is true and correct to my knowledge and belief. I understand this information is required in order for the St. Lucie County Sheriff's Office to conduct a background inquiry.

Signature: _____ Date: _____

Please return to: Training Coordinator
St. Lucie County Sheriff's Office
4700 West Midway Road
Fort Pierce, FL 34981

e-mail: Smeykall@stluciesheriff.com
Fax: (772) 462-3615
Phone: (772) 462-3604 – Linda Smeykal