



**OFFICE OF THE DISTRICT ATTORNEY  
AND**



**THE SAN DIEGO COUNTY SHERIFF'S DEPARTMENT**

**Fall 2019 Citizens' Academy  
Application Form/Background Check**

Deadline is Monday, September 9, 2019. You can email, fax or mail your application.

- Email [citizensacademy@sdcca.org](mailto:citizensacademy@sdcca.org)
- Fax 619-237-1351
- Mail Attention: Citizens' Academy, 330 W. Broadway, Ste. 1300, San Diego, CA 92101

- This well-received program now has far more applicants than we can accommodate. While we understand that true emergencies occur, committed and regular attendance is imperative. Do you have schedule conflicts that will prevent you from making this commitment?  Yes  No
- If yes, please do not submit an application until your schedule permits consistent attendance.

**APPLICANT IDENTIFYING INFORMATION** (Type or Print)

NAME (LAST, FIRST, MIDDLE): INCLUDE MAIDEN AND AKA'S		DATE	
ADDRESS		CITY	ZIP CODE
TELEPHONE ( ) -		MOBILE PHONE ( ) -	EMAIL ADDRESS
SEX (circle) Female Male	DATE OF BIRTH ( ) ( ) ( ) Month Day Year	RACE/ETHNICITY (optional)	DRIVER'S LICENSE OR ID #
OCCUPATION		NAME OF EMPLOYER/SCHOOL	BUSINESS PHONE ( ) -
HOW LONG HAVE YOU LIVED AND WORKED IN SAN DIEGO COUNTY?			
1. Lived in San Diego County _____ years _____ months			
2. Worked in San Diego County _____ years _____ months			

**1. EDUCATIONAL BACKGROUND:** Please tell us about your educational background, including the highest level of education you completed.

Write or type your response in space provided

**2. EMPLOYMENT HISTORY:** Please list your current employer and employment history.

Write or type your response in space provided

**3. YOUR INTEREST:** Why are you interested in attending Citizens' Academy? What would you like to learn as well as what would you like to share?

Write or type your response in space provided

**4. HOW DID YOU FIND OUT ABOUT THE FALL 2019 CITIZENS' ACADEMY?** Include name of organization or individual who nominated you to participate.

Write or type your response in space provided

**5. CIVIC ACTIVITIES:** Include any present or past membership on city or county committees, commissions, boards, or any community involvement.

Write or type your response in space provided

**6. HAVE YOU PREVIOUSLY PARTICIPATED IN OTHER TYPES OF CITIZENS' ACADEMIES?**

Include name of the Academy and year of participation

Write or type your response in space provided

**7. DO YOU HAVE ANY PAST ARRESTS, CONVICTIONS, OR PENDING COURT CASES, CIVIL OR CRIMINAL?** (Include all misdemeanors and felonies. Do not include infractions – example, traffic ticket.)

**Yes**       **No**    If “yes” list the DATE, AGENCY, CHARGE, AND DISPOSITION.

DATE:	AGENCY:
CHARGE:	
DISPOSITION:	

**BACKGROUND AUTHORIZATION:**

I understand that a criminal background and warrant check will be conducted by the County of San Diego District Attorney's Office as part of the application process. I hereby authorize any law enforcement agency to release to the County of San Diego District Attorney's Office any and all information, which said agencies have about me, for the limited purpose of aiding the County of San Diego District Attorney's Office in evaluating my eligibility for participation in the Citizens’ Academy. This authorization extends to any information which said agencies or any of them may have about me, whether public, personal, or confidential. I understand that I will not receive and am not entitled to know the contents of confidential reports received from these agencies. I hereby release, discharge, and agree to hold harmless the agencies, their agents and any person furnishing information from any and all liability arising out of furnishing and inspecting such documents and information.

**PLEASE NOTE: YOUR INFORMATION WILL BE KEPT CONFIDENTIAL**

\_\_\_\_\_  
SIGNATURE OF APPLICANT REQUIRED  
(Original, Scanned, Faxed or Photo by email)

\_\_\_\_\_  
DATE

\_\_\_\_\_  
PRINT NAME

**Thank you for your interest and for your willingness to commit to this 6 week program  
We look forward to your participation**