



**JOHN D'AGOSTINI**  
**SHERIFF \*\*\* CORONER \*\*\* PUBLIC ADMINISTRATOR**

**EL DORADO COUNTY SHERIFF'S OFFICE**

**CITIZEN'S LAW ENFORCEMENT**  
**ACADEMY APPLICATION**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_

Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: Home ( ) \_\_\_\_\_ Work: ( ) \_\_\_\_\_

Email Address: \_\_\_\_\_

Drivers License #: \_\_\_\_\_ State: \_\_\_\_\_ Class: \_\_\_\_\_

Expiration Date: \_\_\_\_\_ Currently Valid:  Yes  No

Do you have any past arrests, conviction or pending court cases? (Include all misdemeanors and felonies. You do not have to include infractions - example, traffic ticket.) YES NO

If you answered "Yes" to the above question, please list below the DATE, AGENCY, CHARGE, AND DISPOSITION. Attach additional sheets if necessary.

DATE: \_\_\_\_\_ AGENCY: \_\_\_\_\_ CHARGE: \_\_\_\_\_  
DISPOSITION: \_\_\_\_\_

**CLASS ATTENDANCE:**

The citizens Academy is an accelerated program with a full agenda each class session. Missing more than two classes will result in a significant gap in the education process of the academy. I understand that participants absent more than two days will not receive a certificate of graduation. YES NO

**BACKGROUND AUTHORIZATION**

I understand that a criminal background and warrant check will be conducted by the El Dorado County Sheriff's Office as part of the application process. I hereby authorize any law enforcement agency to release to the El Dorado County Sheriff's Office any and all information, which said agencies have about me, for the limited purpose of aiding the El dorado County Sheriff's Office in evaluating my eligibility for participation in 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.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please return or Email to:  
El Dorado County Sheriff's Office  
300 Fair Lane, Placerville, CA 95667  
Attn: Support Services-Citizens Academy  
Email: fitzgers@edso.org