



Chief Of Police
Chris Reed

CITY OF WALTHOURVILLE
Walthourville Police Department



192 Suite B Talmadge Road
Walthourville, Georgia 31333
(912) 368-6525
FAX: (912) 368-6511

Citizen's Academy Application

Please write legibly and complete the entire application

Name

(Printed): _____

Address _____

Contact Number; Home _____ Cell _____

e-mail address _____

Place of employment: _____

Address: _____

Business Telephone Number: _____

Social Security Number: _____

Race: _____ Sex: _____ Date of Birth _____

Personal References;

1. _____ Address _____

Contact Number _____

2. _____ Address _____

Contact Number _____

List any law enforcement references you may have;

1. _____ Agency _____

2. _____ Agency _____

3. _____ Agency _____

4. _____ Agency _____

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

If yes explain.

Signature: _____ Date: _____

GEORGIA CRIME INFORMATION CENTER

Georgia Driver's History/Criminal History Consent form

I hereby authorize the Liberty County Sheriff's Office to receive a copy of my driver's history and criminal history information as part of my application for the Sheriff's Citizens Academy.

Full Name _____

Sex _____ Date of Birth _____

Driver's License Number _____

State where license issued _____

Signature _____

Date _____