



John F. K. Belton  
District Attorney

OFFICE OF THE  
DISTRICT  
ATTORNEY  
  
LINCOLN PARISH  
SHERIFF'S OFFICE



Mike Stone  
Sheriff

Spring 2017

*Citizens' Academy*

**Application Form/Background Check Waiver**

Complete EVERY section unless stated as "optional" (otherwise your application may be returned as incomplete).

**APPLICANT IDENTIFYING INFORMATION (Please print legibly or type)**

NAME (LAST, FIRST, MIDDLE) INCLUDE MAIDEN AND AKA'S				DATE Click here to enter a date.	
ADDRESS			CITY		ZIP CODE
TELEPHONE		MOBLE PHONE		EMAIL ADDRESS	
SEX <input type="checkbox"/> Female <input type="checkbox"/> 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 LINCOLN PARISH?					
Lived in Lincoln Parish		<input type="text"/> Years	<input type="text"/> Months		
Worked in Lincoln Parish		<input type="text"/> Years	<input type="text"/> Months		

- YOUR INTEREST:** Why are you interested in attending the Citizen's Academy? Please include what you would like to learn from the Academy as well as what you would like to share with the Academy. Please also include in your response any qualifications/special interests you believe are important.

*You can attach additional pages if you do not have enough room for each question.*

2. **HOW DID YOU FIND OUT ABOUT THIS *CITIZENS' ACADEMY*?** If applicable please include in this section any organization or individual who nominated you to participate in this Academy.

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

4. **CIVIC ACTIVITIES:** Please include any present or past membership on City or County committees, commissions, boards, or participation in the activities of community groups or organizations.

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

6. **HAVE YOU PREVIOUSLY PARTICIPATED IN OTHER TYPES OF CITIZENS' ACADEMIES?** Please include all other Citizens' Academy or similar types of academies you have attended, including the name of the Academy and the year you participated in the Academy.

NAME OF ACADEMY \_\_\_\_\_  
YEAR PARTICIPATED \_\_\_\_\_  
  
NAME OF ACADEMY \_\_\_\_\_  
YEAR PARTICIPATED \_\_\_\_\_

7. **DO YOU HAVE ANY PAST ARRESTS, CONVICTIONS, OR PENDING COURT CASES, CIVIL OR CRIMINAL?**  Yes  No

(Include all misdemeanors and felonies. You do not have to include infractions – example, traffic ticket.)

- If you answered “Yes” to Question 7, please list below the DATE, AGENCY, CHARGE, and AND DISPOSITION. Attach additional sheets if necessary.

**BACKGROUND AUTHORIZATION:**

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

I understand that a criminal background and warrant check will be conducted by the Lincoln Parish District Attorney's Office as part of the application process. I hereby authorize any law enforcement agency to release to the Lincoln Parish District Attorney's Office any and all information, which said agencies have about me, for the limited purpose of aiding the Lincoln Parish 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.

\_\_\_\_\_  
SIGNATURE OF APPLICANT

\_\_\_\_\_  
DATE

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

Thank you for your interest. We look forward to your participation.

**APPLICATION DEADLINE: FRIDAY, MARCH 3, 2017**

**PLEASE RETURN VIA MAIL: LPSO, ATTN: CITIZENS' ACADEMY 161 ROAD CAMP RD.,**

**RUSTON, LA 71270**

**EMAIL QUESTIONS TO [jamescolvin@lincolnparrish.org](mailto:jamescolvin@lincolnparrish.org)**

**OR CALL 318-251-6415**

**ATTACH THIS PAGE IF NEEDED FOR EXTRA COMMENTS TO ANY QUESTIONS ON THIS APPLICATION**

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