

DeKalb County Sheriff's Office Citizen Police Academy

Application Form

Last Name: _____ First: _____ Middle _____

Maiden Name or Alias Name: _____

Street Address _____ City _____ State _____ Zip Code _____

Date of Birth _____ Telephone #: _____
MMDDYYYY 10 digits only no spaces or dashes

Driver's License # or State ID #: _____

Occupation: _____ Employer: _____

Have you ever been arrested? Yes No If yes, please list when, where, and the offense:

Emergency Contact Information:

Name of emergency contact

Phone number

All applicants must live or work in DeKalb County. They must also be at least 21 years of age. A records check will also be conducted on all applicants. The DeKalb County Sheriff's Office reserves the right to deny entry to the Citizen Police Academy based on the findings of the records check.

All information on the above application is true. I authorize the DeKalb County Sheriff's Office to conduct a records check on me based on this application.

Signature: _____ Date: _____
(MMDDYYYY)

Application should be returned to:
Deputy Sarah Frazier
DeKalb County Sheriff's Office
150 N. Main St.
Sycamore, IL 60178
Sfrazier@dekalbcounty.org