

**DeKalb County Sheriff's Office
Citizen Police Academy**

Application Form

Last Name: _____ First: _____ Middle _____

Maiden Name or Alias Name: _____

Address

Street: _____ City: _____ State: _____ Zip: _____

Date of Birth _____ Telephone #: _____

Drivers License # or State ID #: _____

Occupation: _____ Employer: _____

Have you ever been arrested? _____ If yes, please list when, where, and the offense:

Name and phone number of person to contact in the event of an emergency _____

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: _____

Application should be returned to:

Deputy Sarah Frazier or

Detective John Holiday

DeKalb County Sheriff's Office

150 N. Main St.

Sycamore, IL 60178