



HINDS COUNTY SHERIFF'S CITIZENS ACADEMY APPLICATION

P.O. Box 1452 • Jackson, Mississippi 39215-1452 • (601) 974.2900

Tyree Jones, Sheriff

Email this Application to: lauinta.hollis@co.hinds.ms.us

PERSONAL INFORMATION

FIRST NAME		MIDDLE NAME		LAST NAME	
STREET ADDRESS			APT #	CITY	STATE
RACE:	<input type="checkbox"/> HISPANIC		<input type="checkbox"/> AMERICAN INDIAN		<input type="checkbox"/> ASIAN
	<input type="checkbox"/> BLACK/AFRICAN AMERICAN		<input type="checkbox"/> WHITE		<input type="checkbox"/> OTHER
PHONE #			EMAIL ADDRESS		

ELIGIBILITY

ARE YOU A U.S. CITIZEN OF HINDS COUNTY? <input type="checkbox"/> YES <input type="checkbox"/> NO	HAVE YOU EVER BEEN CONVICTED OF A FELONY? <input type="checkbox"/> YES <input type="checkbox"/> NO
*IF NO, ARE YOU ALLOWED TO WORK IN THE U.S.? <input type="checkbox"/> YES <input type="checkbox"/> NO	*IF YES, PLEASE EXPLAIN:

PERSONAL INQUIRY WAIVER AUTHORITY FOR RELEASE OF INFORMATION

ALL CONCERNED PERSON (S) OR AUTHORIZED REPRESENTATIVE OF ANY ORGANIZATION, INSTITUTION OR REPOSITORY OF RECORDS.	APPLICANT NAME			
	DATE OF BIRTH		LAST 4 SSN	
I HEREBY RELEASE YOU, YOUR ORGANIZATION OR OTHERS FROM ANY LIABILITY OR DAMAGE WHICH MAY RESULT FROM FURNISHING THE INFORMATION REQUESTED ABOVE.				
SIGNATURE OF APPLICANT			DATE	

ACKNOWLEDGEMENT & AGREEMENT

I HEREBY AFFIRM THAT THE INFORMATION PROVIDED ON THIS APPLICATION (AND ACCOMPANYING RESUME, IF ANY) IS TRUE AND COMPLETE. I ALSO AGREE THAT ANY FALSE INFORMATION, MISREPRESENTATION, OR OMISSIONS – VERBAL OR WRITTEN – MAY DISQUALIFY ME FROM FUTURE CONSIDERATION AS A PARTICIPANT FOR THE HINDS COUNTY SHERIFF'S CITIZENS ACADEMY.		
PRINT NAME	SIGNATURE OF APPLICANT	DATE