



# Oconee County Sheriff's Office Citizens Police Academy

## Enrollment Application

Purpose: The Citizens Police Academy provides an opportunity for citizens to learn firsthand about police operations. Through a series of lectures and simulated activities, citizens are provided training similar to that of an actual police officer. The Academy is of benefit to the community and the department because it builds relationships and creates a cadre of citizens who are better informed about the reality of police work.

### **FORMAT:**

The academy runs for ten weeks with most classes held between 6:00 p.m. and 9:00 p.m. on Tuesday nights.

### **LOCATION:**

Unless otherwise specified, classes are conducted at the Oconee County Department's training facility. Some off-site visits are made to other relevant locations.

### **INSTRUCTION:**

Instruction is provided by Oconee County Sheriff's Office Instructors.

### **SAMPLE CURRICULUM:**

Overview of Department Operations and Organization  
Introduction to Community Oriented Policing  
Patrol Functions / Traffic Control  
Criminal Investigations / Crime Scene Investigation  
Introduction to Criminal Law and Courtroom Procedure  
Special Operations  
Narcotics / Canine Operations  
Victim Witness Assistance / Criminal Domestic Violence / Child and Elder Abuse

### **QUALIFICATIONS FOR PARTICIPATION:**

Applicants must be a minimum of 18 years of age. Applicant must either reside or work in the Jurisdiction of Oconee County. Applicants must pass a criminal history background check.

### **CONTACT INFORMATION:**

The Citizens Police Academy is coordinated by the Oconee County Sheriff's Office Community Services Division. Please send written inquiries to the following address or call (864) 638-4122 for additional information.

Oconee County Sheriff's Office  
Attn: Citizen's Police Academy  
415 S. Pine St.  
Walhalla, SC 29691

**PLEASE READ CAREFULLY BEFORE PROCEEDING:**

Due to the sensitivity and classified nature of the material that will be shared with you during the CPA, it is essential that each police academy applicant complete the CPA application thoroughly and truthfully. It is imperative to the security of our agency that each accepted applicant is of good moral and legal standing. The application must be completed and legible. All questions must be answered, if applicable. If not, indicate N/A (not applicable). Applications which are not complete and legible may not be considered. If the space provided is not sufficient for your complete answers, or if you wish to furnish additional information, please do so on a separate piece of paper and attach it to the application. The information you provide in this application will remain confidential.

***Return the completed application to:***

**By Mail:**                    *Oconee County Sheriff's Office  
Attention: Citizens Police Academy  
415 S. Pine St.  
Walhalla, SC 29691*

**In Person:**                *Oconee County Sheriff's Office  
300 South Church St.  
Walhalla, SC 29691*



If the answer to any of the below asked questions is yes, please explain in detail. Give date, place, charge and final disposition in each case. Attach additional sheets if necessary.

1. Have you ever been arrested for an offense other than a traffic violation? \_\_\_\_\_ (Yes/No)

*If yes, please explain in detail showing the date of arrest, charge, location (jurisdiction) and action taken. Include the disposition for the charge (guilty/not guilty/dismissed/did not prosecute):*

---

---

---

2. Have you ever been arrested for a traffic offense (Ex: Driving under the Influence, Driving Under Suspension, Operating an Uninsured Vehicle, Leaving the Scene of an Accident, etc)? \_\_\_\_\_ (Yes/No)

*If yes, please explain in detail showing the date, charge, location (jurisdiction) and action taken. Include the disposition for the charge (guilty/not guilty/dismissed/did not prosecute)?*

---

---

---

3. Have you ever illegally possessed any drug or controlled substance that was not prescribed by a medical professional or given to you to hold while you were acting on behalf of, or employed to do so, by a law enforcement agency? \_\_\_\_\_ (Yes/No)

*If yes, please explain in detail:*

---

---

---

4. Have you ever illegally sold, given, or distributed any drugs or controlled substances? \_\_\_\_\_ (Yes/No)

*If yes, please explain in detail:* \_\_\_\_\_

---

---

5. Have you ever been terminated from employment or asked to resign from employment within the past five years? \_\_\_\_\_(Yes/No)

*If yes, please explain in detail:* \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

6. Please list all of the addresses where you have resided in the past five (5) years:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

7. List all information regarding the last two jobs that you have held (State, retired, employed, etc., if applicable)

Current Employer (Name): \_\_\_\_\_ Date of Hire: \_\_\_\_\_

Business Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Position/Job Title: \_\_\_\_\_ Name of Supervisor: \_\_\_\_\_

Previous Employer (Name): \_\_\_\_\_ Date of Hire: \_\_\_\_\_

Business Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Position/Job Title: \_\_\_\_\_ Name of Supervisor: \_\_\_\_\_

## **PERSONAL REFERENCES**

**Please provide the information for at least two people that we may contact as personal references. Please include each person's name, address, home/work telephone numbers, their relationship to you and the length of time that you have known them.**

1. Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number(s): (H) \_\_\_\_\_ (W) \_\_\_\_\_ Years Known: \_\_\_\_\_

2. Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone Number(s): (H) \_\_\_\_\_ (W) \_\_\_\_\_ Years Known: \_\_\_\_\_

**Emergency Contact**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone Number(s): (H) \_\_\_\_\_ (W) \_\_\_\_\_ Years Known: \_\_\_\_\_

Please list the name, address and phone number(s) for someone that we may contact on your behalf in case of an emergency.

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone Number(s): \_\_\_\_\_

Before signing this form, please ensure that all of the information that you have disclosed to the Oconee County Sheriff's Office is accurate and truthful. If you are unsure of any questions, please make sure that you clarify it with a Sheriff's Office representative prior to signing this document. Any misrepresentation given by any applicant will result in the denial of the applicant's request to participate in the Oconee County Sheriff's Office Citizens Police Academy. We ask that you provide, without omission whatsoever, any and all of the information requested.

I, the undersigned, certify that the information given is true and accurate to the best of my knowledge.

Signature \_\_\_\_\_

Date \_\_\_\_\_

**AUTHORIZATION FOR RELEASE OF INFORMATION**

I, the undersigned, understand that the Oconee County Sheriff's Office will be performing a criminal background and driving history check on me with reference to my application for the Oconee County Sheriff's Office Citizens Police Academy. I hereby authorize the Oconee County Sheriff's Office to have access to any and all driving record information and criminal information as it pertains to me. I understand that the Oconee County Sheriff's Office considers any such information confidential and the results of any such investigation will not be released to me. I further authorize the release of any information that is required to clarify my criminal background investigation, be it from any of the following:

- Personal references or any person(s) having knowledge regarding my character or reputation;
- Any past or present employer (to include the U.S. Armed Forces, Maritime Service, Veteran Administration, or U.S. Selective Service);
- Any Judge, Court, or Magistrate;
- Any State, Local, or Federal Law Enforcement Agency;
- Any Attorney-at-Law or other legal entity handling any criminal or traffic-related case related to me;
- Any State, Local, City or County Agency

A photocopy of this release form will be valid as an original thereof, even though the photocopy does not contain my original signature.

\_\_\_\_\_  
Applicant Signature:

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness Signature

\_\_\_\_\_  
Date