



GUADALUPE COUNTY

Sheriff Joshua Ray



Guadalupe County Sheriff's Office 2025 Citizen Academy

First Name: _____ MI: _____ Last Name: _____
Sex: M/F D.O.B _____ DL# _____ State: _____
Last Four of Social Security: _____ Email: _____
Street Address: _____
City: _____ State: _____ Zip Code: _____
Phone: _____ Alt Phone: _____
Emergency Contact: _____ Phone: _____

Have you ever been convicted of a crime? _____ Yes _____ No
If yes, please explain (date of offense, status of case) _____

Please provide two references (name, address, phone number and relationship)

1. _____
2. _____

In consideration of my application at attend the GCSO Citizens Academy,I, _____ give the Guadalupe County Sheriff's Office permission to check my personal background and references as necessary. The reason of this background check is for the sole purpose of determining my eligibility to attend the Guadalupe County Sheriff's Office Citizens Academy. **THIS INFORMATION IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND NO ONE HAS FORCED ME TO SIGN THIS DOCUMENT.**

APPLICANT SIGNATURE

DATE

For Office Use Only: __Local Records Check __CCH-TCIC/NCIC __National Sex Offender Website

Check Completed By: _____
Status Of Application: _____ Approved _____ Denied By: _____ Date: _____