



Citizens Police Academy

Name: _____
(last) (First) (MI)

Date of Birth: _____ TX Driver's Lic# _____
mm/dd/yyyy

Address: _____
(Street) (City) (Zip)

Employer: _____

Empl Address: _____

Cell: _____ Work: _____
9 digit number (No Dashes) 9 digit number (No Dashes)

Email: _____

Have you ever been convicted of a crime? YES NO

If yes, explain: _____

I understand a criminal history report may be generated prior to admission to this course. Final acceptance to the Academy is at the discretion of the Sheriff. I certify the information provided is accurate.

Signature: _____ Date: _____
mm/dd/yyyy

RETURN TO socp@fortbendcountytx.gov OR FAX 281-238-1532

Direct inquiries to Deputy Gerard Argao at 281-238-1536. Admission to the course is considered on a first-come, first-served basis. Only 35 students will be admitted.