OCSO CITIZEN'S FIREARMS ACADEMY Application for Enrollment

PLEASE USE INK & PRINT CLEARLY:

Full name:	DOB:	Race:	Sex:
Other aliases, nickname(s) &/or maiden na	ime:		
Social Security #:			
Driver License #:	E-ma	ail:	
Current Address:			
Home phone #:			
Last Prior Address:			
Current Place of Employment:			
Job Title:	Bus. Phone:	How long at	this Job?
Have you ever been arrested for anything (excluding traffic infraction	ns)If ye	es, when?
Please provide brief explanation of charge	s & circumstances:		
Do you currently hold a concealed weapor	ns permit? If ye	s, from what state	?
Do you serve or have you previously serve	d in any branch of the Uni	ited States Armed	Forces?
Please list 3 personal references: (name, a	nddress, phone number & y	years known)	
By signing below, I give permission history check on me.	n for the Okaloosa Co	ounty SO to con	duct a criminal
Signature of Applicant	Date		
Office use only: DATE RECEIVED	Placement confirmed	Class date	Initials