



6TH JUDICIAL DISTRICT • KNOX COUNTY, TENNESSEE

CHARME P. ALLEN
OFFICE of the DISTRICT ATTORNEY GENERAL

P.O. Box 1468 • KNOXVILLE, TN 37901-1468

PHONE 865.215.2515 • FAX 865.215.4253

CITIZENS ACADEMY APPLICATION

Please return via email: Jackie.myers@knoxcounty.org

OR

Mail: Attn: Jackie Myers
 Office of the District Attorney General
 P.O. Box 1468
 Knoxville, TN 37901

Complete all sections (if not applicable, indicate with NA). Feel free to attach additional pages if needed.

APPLICANT IDENTIFYING INFORMATION

Full Name (last, first, middle)		
Other names used:		
Address		
City, State		Zip Code
Home phone:	Cell phone:	Email:
Sex: M or F	DOB:	
Soc. Sec. #	Occupation:	
Drivers License #	Employer:	
How long have you lived in Knox County? _____ years _____ months	How long have you worked in Knox County? _____ years _____ months	

1. EDUCATIONAL BACKGROUND: Please tell us about your educational background including the highest level of education you completed.

2. EMPLOYMENT HISTORY: Please list your current employer and employment history.

3. YOUR INTEREST: Why are you interested in attending Citizens Academy: What would you like to learn as well as what would you like to share?

4. HOW DID YOU FIND OUT ABOUT CITIZENS ACADEMY?

5. CIVIC ACTIVITIES: Include any present or past membership on city or county committees, commissions, boards or any community involvement.

6. HAVE YOU PARTICIPATED IN OTHER TYPES OF CITIZENS ACADEMIES? Include name of program and year of participation.

7. DO YOU HAVE ANY PAST ARREST, CONVICTIONS, OR PENDING COURT CASES, CIVIL OR CRIMINAL? Include all misdemeanors and felonies. *Do not include traffic tickets.*

8. Are you *currently* serving as a Juror? Y or N

Have you *received* a Juror Summons for a future date? Y or N

Have you *ever* served as a Juror in Knox County? Y or N

BACKGROUND AUTHORIZATION:

I understand that a criminal background and warrant check will be conducted by the Office of the District Attorney General, 6th Judicial District, as part of the application process. I hereby authorize any law enforcement agency to release to the Office of the District Attorney General, 6th Judicial District, any and all information, which said agencies have about me, for the limited purpose of aiding and evaluating my eligibility for participation in the Citizens Academy. This authorization extends to any information that said agencies may have about me, whether public, personal or confidential. I understand that I will not receive and am not entitled to know the contents of confidential reports received from these agencies. I hereby release, discharge, and agree to hold harmless the agencies, their agents and any person furnishing information from any and all liability arising out of furnishing and inspecting such documents and information.

PLEASE NOTE: YOUR INFORMATION WILL BE KEPT CONFIDENTIAL

SIGNATURE OF APPLICANT

DATE

PRINT NAME