19th Judicial District
Drug Task Force
Citizen's Drug Awareness
Application

Please Print or Type

Name: _____
Last First Middle

Address: _____
Street City Zip

Home Phone: _____ Mobile Phone: _____

E-mail Address: _____

TN Drivers License # _____ SSN: _____ - _____ - _____

Employer: _____
Name Department Supervisor

Employer's Address _____
Street City Zip

Employer's Phone Number: _____ Occupation _____

Please list prior citizen's academies and dates of graduation:

_____

_____

At the time of this application, are you under 21 years of age? . . . . . Yes No
Have you ever been arrested or convicted of any criminal offense? . . . . . Yes No
Do you have any medical conditions that limit your activities? . . . . . Yes No
Have you ever used a name other than the one listed above? . . . . . Yes No

If you answered "yes" to any of the above questions, please explain:

_____

_____

_____

_____

Please let us know why you are interested in attending the Citizen's Drug Academy:

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

Permission to conduct a background investigation

As an applicant for the Drug Task Force Citizen's Drug Academy, I hereby authorize the 19th Judicial District Drug Task Force to conduct a criminal history background investigation, including convictions, pending charges, and outstanding warrants. I understand that this criminal history check is being conducted due to the nature of the classes given at the Citizen's Drug Academy.

I understand that all available police and criminal records will be checked and that the information will be used in determining eligibility of applicants for the Citizen's Drug Academy. All information is to remain confidential as required by state and federal statutes.

_____

Signature of Applicant Printed Name Date

Thank you for your interest and we look forward to your participation.

P.O. Box 3203
Clarksville, TN 37043
931.648.5753 – Office
931.552.6711 – Fax