



OSCEOLA COUNTY SHERIFF'S OFFICE
Sheriff Marcos R. Lopez

APPLICATION PROCESS

Step 1: APPLICATION

Complete application and return to:

Osceola County Sheriff's Office
Attn: Angee Vega
2601 E. Irlo Bronson Memorial Hwy
Kissimmee, FL 34744
angee.vega@osceolasheriff.org

Step 2: APPLICATION REVIEW

Osceola County Sheriff's Office will review your application. All areas **MUST** be completed or have an "N/A" placed for non-applicable information in order to be processed.

Step 3: BACKGROUND CHECKS

This process includes a review of the applicant's criminal history, a clearance for current warrants, and driving records check. Failure to provide complete address information will result in the application being denied. You must have a **VALID DRIVER'S LICENSE**.

** Note that at any time the Osceola County Sheriff's Office can deny any application based on the information collected during the application process.

Osceola County Sheriff's Office
c/o **ANGEE VEGA**
angee.vega@osceolasheriff.org

2601 E. Irlo Bronson Memorial Highway
Kissimmee, Florida 34744
Office (407) 348-1190



OSCEOLA COUNTY SHERIFF'S OFFICE
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BASIC CITIZENS ACADEMY APPLICATION

WHAT IS THE CITIZENS ACADEMY?

The Osceola County Sheriff's Office Basic Citizens Academy provides an overview of the various divisions within the Sheriff's Office, and their basic daily functions. Informed citizens help to create stronger working relationships between the government and its citizens.

WHO CAN ATTEND?

Osceola County Residents who are over the age of 18, interested in law enforcement, and who pass an Osceola County Sheriff's Office background check. You must have a VALID Driver's License.

WHAT WILL YOU LEARN?

Explore the duties of various Sheriff's Office divisions such as: Traffic Enforcement, Patrol, Tourist Crimes, Sex Crimes & Child Abuse, Domestic Violence, Gangs, Drug Unit, SWAT Team and Communications.

* Please print legibly

APPLICANT INFORMATION

LAST Name:	FIRST Name:	MIDDLE Initial	Nick Name	T-SHIRT SIZE: (Please circle one)
				SM ___ M ___ L ___ XL ___ 2X ___ 3X ___
Date of birth:	SSN:		Phone:	
			Cell Phone:	
Current address:				
City:	State:	ZIP Code:		
DL #:	State DL was issued:	Email Address:		
Employer:	Occupation:	How long have you been with this employer:		

EMERGENCY CONTACT

Full Name:		
Address:		Phone:
City:	State:	ZIP Code:
Relationship:		

REFERENCES

Name	Address	Phone



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CRIMINAL HISTORY BACKGROUND CHECK

Please print (in **BLUE** or **BLACK** ink) all of the requested information **ABOVE THE DOTTED LINE ONLY**:

NAME:

(LAST)

(FIRST)

(MIDDLE)

PLEASE LIST ALL OTHER NAMES YOU HAVE USED, INCLUDING YOUR MAIDEN AND MARRIED NAMES:

1. _____
2. _____
3. _____

SCARS/MARKS/TATTOOS:

Describe type, size, and location on body

DATE OF BIRTH: ____/____/____ (MM/DD/YYYY) **RACE:** _____ **SEX:** ____

SSN: ____ - ____ - ____ **DL #:** _____ **STATE:** _____

Have you ever been arrested for any reason? If **YES**, provide disposition and details. This includes juvenile arrests or those adjudicated by the court system. Arrests **do not** automatically disqualify applicants from admission to the Citizen's Academy. Each application is processed on a case by case situation.

Why do you wish to attend the Citizens Academy?

With my signature below, I certify that all statements made on this application are true and complete. I authorize any individual, company, organization or institution to release any and all information concerning statements made by me on this application. I also understand that a background check will be completed before my application is approved. I agree and understand that any deliberate misstatement or omission of material facts may disqualify me to attend the Osceola County Sheriff's Office Citizens Academy. I authorize the Osceola County Sheriff's Office and its agents to take my photograph for internal and external publications or print materials if accepted to the class.

(Signature)

(Date)

How did you hear about the class? _____

